



## Order form - Mastitis

Customer no. ( <b>animal farmer</b> ): Farm/Firm: Adress: Place/State: Phone/Fax/Email: Clients outside Germany: VAT number:	Costumer no. ( <b>Veterinarian</b> ): Farm/Firm: Adress: Place/State: Phone/Fax/Email: Sampling date:
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number of samples:	
tripod number:	

Please complete the following preliminary report and mark pretreated (pret.) samples.

lactation state	reason for investigation	order	
<input type="radio"/> dry cows <input type="radio"/> freshly lactating cows <input type="radio"/> lactating cows	<input type="radio"/> increase of cell count <input type="radio"/> subclinical mastitis <input type="radio"/> clinical mastitis	<b>cultural method</b> <input type="radio"/> pathogen determination and differentiation <input type="radio"/> cell count determination <input type="radio"/> resistogram	<b>PCR</b> <input type="radio"/> C16 PCR- analysis (incl. Mycoplasma spp.)

No.	marking	No.	marking	No.	marking
1		21		41	
2		22		42	
3		23		43	
4		24		44	
5		25		45	
6		26		46	
7		27		47	
8		28		48	
9		29		49	
10		30		50	
11		31		51	
12		32		52	
13		33		53	
14		34		54	
15		35		55	
16		36		56	
17		37		57	
18		38		58	
19		39		59	
20		40		60	

**signature of the sender:**.....

Notes on data protection and the processing of your data can be found at: <https://www.lksachsen.de/footer/navi/datenschutzerklaerung/>

The general terms and conditions in the currently valid version apply.