



GD SPECIMEN SUBMISSION FORM : FTA CARDS SMALL RUMINANTS

Number of FTA cards:	Authorisation	GD identification label	Submission number: GD use only
<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> GD use only	Date	GD use only	GD use only
	Initials		

Please complete relevant sections thoroughly .

Farmer / Veterinarian:																					
Street address::	Customer no: <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Postal code + City:																					
Other :																					
Street address:	Customer no:: <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Postal code + City:																					
Reference on result and invoice:	<table border="1" style="display: inline-table; width: 300px; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				

Submitter is	Farmer	Veterinarian	Other	English results (Engelse uitslag)						
Send result to	Farmer	Veterinarian	Other							
Send invoice to	Farmer	Veterinarian	Other		GD project nr. <table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>					
Number of FTA cards	<table border="1" style="display: inline-table; width: 80px; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									
Type										

Card ID.	SPOT	Identification	Card ID.	SPOT	Identification								
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Producer:	Treatment declaration
Name:	As producer of the FTA Card(s) I hereby declare that the card(s) that I submit with this form has/ have been put through a microwave treatment at which it has/have been heated for twenty (20) seconds at 900 watt to inactivate any possible virus. When producers signature is missing on the submission form, GD is not allowed to receive the samples and has to destroy these upon arrival.
Signature:	
Date:	

PCR (antigen detection) by FTA- card

Card Identifications (A-H):

Other

Additional information regarding requested tests: