



GD SPECIMEN SUBMISSION FORM : FTA CARDS SMALL RUMINANTS

Number of FTA cards: GD use only	Authorisation Date Initials	GD identification label GD use only	Submission number: GD use only	GD use only
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Please complete relevant sections thoroughly .

Farmer / Veterinarian: Street address: Postal code + City:	Customer no:	<input type="text"/>
Other : Street address: Postal code + City:	Customer no::	<input type="text"/>
Reference on result and invoice:		
<input type="text"/>		

Submitter is	Farmer	Veterinarian	Other	
Send result to	Farmer	Veterinarian	Other	
Send invoice to	Farmer	Veterinarian	Other	GD project nr. <input type="text"/>
Number of FTA cards	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Type				

Card ID.	SPOT	Identification	Card ID.	SPOT	Identification
	1			1	
	2			2	
	3			3	
	4			4	
	1			1	
	2			2	
	3			3	
	4			4	
	1			1	
	2			2	
	3			3	
	4			4	
	1			1	
	2			2	
	3			3	
	4			4	

Producer: Name: Signature: Date:	Treatment declaration 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.
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TICK REQUESTED TEST

PCR (antigen detection) by FTA- card

Card Identifications (A-H):

Other

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Additional information regarding requested tests: