



GD SPECIMEN SUBMISSION FORM : FTA CARDS CATTLE

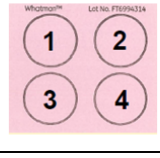

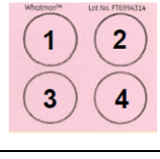





Number of FTA cards <div style="text-align: center; border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> GD use only	Authorisation Date Initials	GD identification label GD use only	Submission number: GD use only GD use only
--	---	--	--

Please complete relevant sections thoroughly .

Farmer : Street address: _____ Postal code + City: _____	Customer no: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"><tr><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr></table>										
Other : Street address: _____ Postal code + City: _____	Customer no: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"><tr><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr></table>										
Reference on result and invoice: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"><tr><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr></table>											

Submitter is	Farmer	Other							
Send result to	Farmer	Other							
Send invoice to	Farmer	Other	GD project nr.	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"><tr><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td></tr></table>					
Number of FTA cards	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"><tr><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td></tr></table>								

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:	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):

Bacteria

.....

Viruses



.....

.....

.....

.....

Additional information regarding requested tests: