



**GD SPECIMEN SUBMISSION FORM : FTA CARDS SWINE**

Number of FTA cards <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> GD use only	Authorisation Date   Initials	GD identification label   GD use only	Submission number: <span style="float: right;"><b>GD use only</b></span>   GD use only
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**Please complete relevant sections thoroughly .**









<b>Farmer :</b> Street address: _____ Postal code + City: _____	Customer no: <table border="1" style="width:100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
<b>Other :</b> Street address: _____ Postal code + City: _____	Customer no: <table border="1" style="width:100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								

**Reference on result and invoice:**

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Submitter is	Farmer	Other										
Send result to	Farmer	Other										
Send invoice to	Farmer	Other	GD project nr.	<table border="1" style="width:40px; height: 15px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Number of FTA cards	<table border="1" style="width:40px; height: 15px;"><tr><td></td><td></td><td></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	

<b>Producer:</b> Name: ..... Signature: ..... Date: .....	<b>Treatment declaration</b> <p><b>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.</b></p>
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PCR (antigen detection) by FTA- card

Card Identifications (A-H):

**Bacteria**

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**Viruses**

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Additional information regarding requested tests: