



SUBMISSION FORM FAECES SAMPLES SWINE

To be filled out by GD

Number of samples: <table style="margin-left: 20px;"> <tr> <td style="text-align: center;">Faeces</td> <td style="text-align: center;">Eswab</td> </tr> <tr> <td style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/> </td> <td style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/> </td> </tr> </table>	Faeces	Eswab	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Authorisation Date Initials	Receipt sticker: <div style="text-align: center; font-size: 24px; margin-top: 20px;"> Leave this box blank </div>	Submission number: <div style="text-align: center; font-size: 24px; margin-top: 20px;"> Leave this box blank </div>
Faeces	Eswab						
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						

Please fill out form as completely as possible

REQUESTED TEST: pto

Livestock farmer: Address: _____ Postal code + City: _____ Country: _____	Customer no: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																							
Vet/practice: City: _____	Customer no: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																							
Other : _____	Customer no: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																							
Reference on result and invoice: <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> <td style="width: 20px; height: 20px;"><input type="text"/></td> </tr> </table>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Submitter is	<input type="checkbox"/> Livestock farmer	<input type="checkbox"/> Veterinarian	<input type="checkbox"/> Other																																					
Extra result to	<input type="checkbox"/> Livestock farmer	<input type="checkbox"/> Veterinarian	<input type="checkbox"/> Other																																					
Invoice to	<input type="checkbox"/> Livestock farmer	<input type="checkbox"/> Veterinarian	<input type="checkbox"/> Other																																					

Sample number	Identification number	Age	Pool ID
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Pilot/Project GD-no. _____	Sampling date: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	Time (hour:min.) Sampling: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
Client Name: _____ Signature: _____ Date: _____	Explanation / Anamnesis _____ _____ _____	

Bacteria

Eswab

Faeces



*2 Please contact: Phone number +31 (0) 570 63 33 91 or email to info@gdanimalhealth.com
*3 Please let us know which species and possibly type to store. Please contact us as soon as possible when a (partial) result is available. Phone number +31 (0) 570 63 33 91 or email to info@gdanimalhealth.com
*4 tick if wanted

Viruses

Eswab

Faeces

Parasites

Faeces

Clinical chemistry

Faeces

Commercial document

For the transport of animal by-products and derived products not intended for human consumption in accordance with Regulation (EC) No 1069/2009 within the European Union

EUROPEAN UNION

Commercial document

Part I: Details of dispatched consignment	I.1. Consignor Name Address Postcode				I.2. Document reference No		I.2.a. Local reference No		
					I.3. Central competent authority				
					I.4. Local competent authority				
	I.5. Consignee Name Address Postcode Tel.				I.6.				
					I.7.				
	I.8. Country of origin		ISO code	I.9. Region of origin		Code	I.10. Country of destination		ISO code
							I.11. Region of destination		Code
	I.12. Place of origin Establishment Name Address Postcode				I.13. Place of destination Establishment Name Address Postcode				
					I.14. Place of loading				
				I.15. Date of departure					
I.16. Means of transport Aeroplane Ship Railway wagon Road vehicle Other Identification				I.17. Transporter Name Address Postcode					
				I.18. Description of commodity					
				I.19. Commodity code (CN code)		I.20. Quantity			
I.21. Temperature of products Ambient Chilled Frozen Controlled temperature				I.22. Number of packages					
I.23. Seal/Container No				I.24. Type of packaging					
I.25. Commodities certified for: Animal feedingstuff Technical use For research / diagnosis only									
I.26.				I.27. Transit through Member States Member State ISO code Member State ISO code Member State ISO code					
I.28. Export Third country ISO code Exit point Code				I.29.					
I.30.									
I.31. Identification of the commodities Species Nature of commodity Category Treatment type Manufacturing plant Batch number (Scientific name)									

COUNTRY

Animal by-products/derived products not intended for human consumption

Part II: Certification	II.	Health information	II.a. Certificate reference number	II.b.
	II.1.	Declaration by the consignor I, the undersigned, declare that:		
	II.1.1.	the information in Part I is factually correct;		
	II.1.2.	all precautions have been taken to avoid contamination of the animal by-products or derived products with pathogenic agents and cross-contamination between various Categories.		
	Notes			
	Part I:			
	-	Box reference I.9. and I.11.: if appropriate.		
	-	Box reference I.12., I.13. and I.17.: approval number of registration number. In the case of processed manure indicate in Box I.13 the approval or registration number of plant or holding of destination.		
	-	Box reference I.14.: complete if different from "I.1. Consignor".		
	-	Box reference I.25.: technical use: any use other than for animal consumption.		
	-	Box reference I.31.:		
	Animal species:	For Category 3 material and products derived therefrom destined for use as feed material. Select from the following: Aves, Ruminants, Non-Ruminants, <i>Mammalia</i> , <i>Pesca</i> , <i>Mollusca</i> , Crustacea, Invertebrates.		
	Nature of commodity:	Enter a commodity chosen from the following list: 'apiculture by-products', 'blood products', 'blood', 'bloodmeal', 'digestion residues', 'digestive tract content', 'dog-chews', 'fishmeal', 'flavouring innards', 'gelatine', 'greaves', 'hides and skins', 'hydrolysed proteins', 'organic fertilisers', 'pet food', 'processed animal protein', 'processed pet food', 'raw pet food', 'rendered fats', 'compost', 'processed manure', 'fish oil', 'milk products', 'centrifuge or separator sludge from milk processing', 'dicalciumphosphate', 'tricalciumphosphate', 'collagen', 'egg products', 'serum of equidae', 'game trophies', 'wool', 'hair', 'pig bristles', 'feathers', 'animal by-products for processing', 'derived products'.		
	Category:	Specify Categories 1, 2 or 3 materials. In case of Category 3 material, indicate the point of Article 10 of regulation (EC) No 1069/2009 that refers to the animal by-product concerned (e.g. Article 10(a), Article 10(b), etc.). In the case of Category 3 material for use in raw petfood indicate '3a', '3b(i)' or 3b(ii)' depending on whether the animal by-products are referred to in Article 10(a) or in Article 10(b)(i) or (ii) of Regulation (EC) No 1069/2009. In the case of hides and skins and products derived therefrom, indicate '3b(iii)' or '3(n)' depending on whether the animal by-products or derived products are referred to in Article 10 (b)(iii) or Article 10(n) of Regulation (EC) No 1069/2009. Where the consignment is made of more than one category, indicate the quantity and if applicable the number of containers per category of materials.		
	Treatment type:	For treated hides and skins indicate the treatment: '(a)' for dried; '(b)' for dry-salted or wet-salted for at least 14 days prior to dispatch; '(c)' for salted for seven days in sea salt with the addition of 2% sodium carbonate. For Categories 1 and 2 materials describe the method of processing or transformation. Indicate the relevant processing method (choose a method form 1 to 5 referred to in Chapter III of Annex IV to regulation (EU) No 142/2011). For Category 3 materials and derived products from Category 3 material destined for use in feed: if appropriate describe the nature and the methods of the treatment. Indicate the relevant processing method (choose a method from 1 to 7 referred to in Chapter III of Annex IV to Regulation (EU) No 142/2011).		
	Batch number:	Enter batch number or ear tag number, if applicable.		
	Part II:			
	<i>The signature must be in a different colour to that of the printing.</i>			
	Signature			
	Done at	(place)	on.....	(date)
			
	(signature of the responsible person/consignor)			
	(name, in capital letters)			