|  |
| --- |
| Alleen in te vullen door Wageningen Bioveterinary Research |
| Uitpakken | Registratie | Controle registratie | Opdrachtnummer |
|  |  |  |  |

**Opdrachtformulier Early Warning Aviaire Influenza**

Inzendformulier zo volledig mogelijk invullen.

**Opdrachtgever:**

|  |  |
| --- | --- |
| Klantnummer1 |       |
| Naam\* |       |
| Adres\* |       |
| Postcode\* |       |
| Woonplaats\* |       |
| E-mail adres |       |

 **Eigenaar:**

|  |  |
| --- | --- |
| UBN |       |
| Naam\* |       |
| Adres\* |       |
| Postcode\* |       |
| Woonplaats\* |       |
| E-mail adres |       |
| Klantnummer |       |

 **Diersoort\*:** [ ] Pluimvee[ ] Kip[ ] Kalkoen [ ] Eend
[ ] Overig, nl.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referentie:**Uw kenmerk wordt vermeld op zowel uitslag als factuur

|  |
| --- |
|       |

 **Reden onderzoek\*:** [x] Early Warning

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Monstername datum |    | - |    | - |      |
|  | dd |  | mm |  | jjjj |

 **Uitslag naar:**

[x]  Opdrachtgever (altijd)

[x]  Extra uitslag naar:

|  |  |
| --- | --- |
| Klantnummer | 41007936 |
| Naam | NVWA |
| Adres | Postbus 43006 |
| Postcode | 3540 AA |
| Woonplaats | Utrecht |
| E-mail adres |       |

[ ]  **Uitslag in het Engels i.p.v. Nederlands**

**Factuur naar:**(Tenzij anders aangegeven ontvangt de opdrachtgever de factuur en is derhalve verantwoordelijk voor de betaling)

[ ]  **Opdrachtgever**

[ ]  **Eigenaar**

|  |  |
| --- | --- |
| Akkoord eigenaar | [ ]  |
| Datum: |       |
| Handtekening eigenaar: |       |

[x]  **Overige**:

|  |  |
| --- | --- |
| Klantnummer | 41007936 |
| Naam | NVWA |
| Adres | Postbus 43006 |
| Postcode | 3540 AA |
| Woonplaats | Utrecht |
| E-mail adres |       |
| Datum: |       |
| Handtekening: |  |

 **Opmerking:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Opdrachtgever**(Door ondertekening van dit opdrachtformulier gaat u akkoord met [de Acceptatievoorwaarden van Wageningen Bioveterinary Research en de Algemene Voorwaarden van Wageningen University & Research](http://www.wur.nl/nl/show/Acceptatiebeleid-WBVR-en-Alg-voorwaarden-WUR-.htm))

|  |  |
| --- | --- |
| Naam: |       |
| Datum: |       |
| Handtekening: |  |

**Monsterbegeleidingsformulier Early Warning Aviaire Influenza**

**Gewenst onderzoek** *Voor informatie & tarieven over deze en overige onderzoeken zie* [*tarievenlijst*](https://tarievenlijst.wbvr.wur.nl/) *op de website*

[x]  AIO7 Aviaire Influenza PCR (pool)

|  |  |  |
| --- | --- | --- |
| Nr | Monsteridentiteit | Type onderzoeksobject |
| 1 |       | [ ]  Swab (Trachea)  |  [ ]  Swab (Cloaca) |
| 2 |       | [ ]  Swab (Trachea)  |  [ ]  Swab (Cloaca) |
| 3 |       | [ ]  Swab (Trachea)  |  [ ]  Swab (Cloaca) |
| 4 |       | [ ]  Swab (Trachea)  |  [ ]  Swab (Cloaca) |
| 5 |       | [ ]  Swab (Trachea)  |  [ ]  Swab (Cloaca) |
| 6 |       | [ ]  Swab (Trachea)  |  [ ]  Swab (Cloaca) |
| 7 |       | [ ]  Swab (Trachea)  |  [ ]  Swab (Cloaca) |
| 8 |       | [ ]  Swab (Trachea)  |  [ ]  Swab (Cloaca) |
| 9 |       | [ ]  Swab (Trachea)  |  [ ]  Swab (Cloaca) |
| 10 |       | [ ]  Swab (Trachea)  |  [ ]  Swab (Cloaca) |

Opmerkingen: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Legkip** |  | **Vleeskip** |  | **Kalkoen** |  | **Eend** |
| Fok | [ ]  | LF | [ ]  | SF | [ ]  | KF | [ ]  | EF |
| Opfork vermeerdering | [ ]  | LO | [ ]  | SO | [ ]  | KO | [ ]  | EO |
| Vermeerdering | [ ]  | LV | [ ]  | SV | [ ]  | KV | [ ]  | EV |
| Vlees |  |  | [ ]  | SS | [ ]  | KS | [ ]  | ES |
| Opfok leg | [ ]  | OL |  |  | **Overig** |
| Leg zonder uitloop | [ ]  | LLZ |  |  |
| Leg met uitloop | [ ]  | LLU |  |  | [ ]  |  |  |  |

**Bedrijfstype**

|  |  |  |  |
| --- | --- | --- | --- |
| Datum \*  |       | Handtekening \*: |       |