In te vullen door het CVI:

|  |  |  |  |
| --- | --- | --- | --- |
| Uitpakken | Registratie | Controle registratie | Opdrachtnummer |
|  |  |  |  |

Inzendformulier Early Warning Aviaire Influenza

Inzendformulier zo volledig mogelijk invullen!

(Voor acceptatiebeleid, zie onze website)

|  |  |  |  |
| --- | --- | --- | --- |
| Inzender: |       | Eigenaar: |       |
| Klantnummer# |       | UBN (indien bekend) \*  |       |
| Naam\* |       | Naam\* |       |
| Adres\* |       | Adres\* |       |
| Postcode\*  |       | Postcode\* |       |
| Woonplaats\* |       | Woonplaats\* |       |
| E-mail |       |  |       |

- Factuur wordt standaard naar het Ministerie van EZ verzonden.

|  |  |  |  |
| --- | --- | --- | --- |
| Reden onderzoek :  | [x]  Early Warning | Diersoort\*: |  |
|  |  | [ ]  Pluimvee |  |
|  |  | [ ]  Kip |  |
|  |  | [ ]  Kalkoen |  |
|  |  | [ ]  Eend |  |
|  |  | [ ]  Overig, nl |       |
|  |  |  |  |

|  |  |
| --- | --- |
| Uw kenmerk van inzending\*: |       |
| (Dit kenmerk wordt vermeld op zowel het uitslagrapport als de factuur, max. 20 karakters)  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Datum inzending\* |       | Datum monstername\* |       |
| Naam invuller\* |       | Handtekening\* |       |
|  |  |  |
|  |  |

**Monsterbegeleidingsformulier Early Warning Aviaire Influenza**

|  |  |  |
| --- | --- | --- |
| 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) |

Gewenst onderzoek

|  |  |  |
| --- | --- | --- |
| [x]  | AI03-01 | Aviaire Influenza PCR |

|  |  |
| --- | --- |
| Opmerkingen: |       |
|  |       |
|  |       |
|  |       |
|  |       |

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