



INZENDFORMULIER MONSTERS PAARD excl. PCR's (geen sectiemateriaal)

Aantal monsters:	Autorisatie	Ontvangst sticker:	Inzendnummer:	In te vullen door de GD																				
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Serum</td> <td style="text-align: center;">EDTA</td> <td style="text-align: center;">Heparine</td> <td style="text-align: center;">Faeces</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Urine</td> <td style="text-align: center;">Swab</td> <td style="text-align: center;">Sperma</td> <td style="text-align: center;">Diversen</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Gekoeld</td> <td colspan="3" style="text-align: center;">Ongekoeld</td> </tr> </table>	Serum	EDTA	Heparine	Faeces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urine	Swab	Sperma	Diversen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gekoeld	Ongekoeld			Datum	Deze ruimte niet beschrijven	Deze ruimte niet beschrijven	
Serum	EDTA	Heparine	Faeces																					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					
Urine	Swab	Sperma	Diversen																					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					
Gekoeld	Ongekoeld																							
	Paraaf																							

Formulier zo VOLLEDIG mogelijk invullen

Praktijk:	DAPNR: <input style="width: 40px;" type="text"/>
Dierenarts:	Inzender DAP
Adres:	Uitslag DAP
Postcode + Plaats:	Rekening DAP
Telefoonnummer:	Engelse uitslag

Referentie (Dit kenmerk komt op uitslag en factuur):

Materiaal	Swab uit/van.....	Biopt uit/van.....	(Uitsluitend bij bacteriologisch onderzoek)
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Proef/Project GD-nr. _____

Datum monstername: <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>	Tijd (uur:min.) monstername : <input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/>
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Monsternummer	Naam paard	Chipnummer
		<input style="width: 100%;" type="text"/>
		<input style="width: 100%;" type="text"/>
		<input style="width: 100%;" type="text"/>
		<input style="width: 100%;" type="text"/>
		<input style="width: 100%;" type="text"/>




























Toelichting / Anamnese

Opdrachtgever

Naam:

Handtekening:

Datum:

Bacteriën	
Bloed	
Faeces	
Overig	  
Cel- en weefselpathologie	
Overig	
Parasieten	
Bloed	
Faeces	
Water	
	   
Klinische Chemie/ toxicologie	
	              
Organen	
Toxicologisch	 Monsternateriaal gekoeld opsturen.  Monsternateriaal tijdig opsturen (<24 u bij GD).  Monsternateriaal tijdig opsturen (<48 u bij GD).