miprolab
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Phone +49(0)551 495668-0 - Fax +49(0)551 495668-11
www.miprolab.com - info@miprolab.com

Submission Form Mastitis

Veterinarian

Name _____
Address _____
ZIP/City _____
Country _____
Phone _____ Fax _____
Email _____
VAT number (EU) _____

Owner/Client

Name _____
Address _____
ZIP/City _____
Country _____
Phone _____ Fax _____
Email _____
VAT number (EU) _____

Report to	Report by	Invoice to	Invoice by
☐ Veterinarian	☐ Email	☐ Veterinarian	☐ Email
☐ Owner/Client	☐ Fax	☐ Owner/Client	☐ Mail (+ € 2,-)
	☐ Mail (+ € 2,-)		

Specimen

_____ # of samples Sampling date _____

Species: ☐ Cattle ☐ Sheep ☐ Goat

Date _____ Signature _____

Tests

☐ Aerobic culture
☐ Antimicrobial susceptibility
☐ Preservation of pathogen isolates
☐ Yeasts and Molds
☐ Special requirements:

Clinical History

☐ Clinical Mastitis
☐ Cell count increase
☐ Therapy control
☐ Pretreated with antibiotics
☐ Fresh calving
☐ Dry cow treatment
☐ other:

sample no.	Animal/Identifier/Remarks one line per sample	udder quarter				miprolab INTERNAL
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Prices according to the respective valid list of services, exclusive VAT, delivers on request
These services are subject to our general terms and conditions, which are available at www.miprolab.com

MFD-LA-001.028.0234-ENG-00 / 01.08.2022

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