

**Order form**  
**Reptiles**

Laboratory remarks: Datum:

angenommen durch:

Nr.:

	Owner:	Owner= purchaser <input type="checkbox"/>	Veterinarian:	Veterinarian= purchaser <input type="checkbox"/>
First & last name				
Street				
Zip+town				
Telephone				
E-Mail				
VAT no.				

**Animal / sample data:**

Species:  Age, Sex:

Case history:

Cloacal swab  Oral swab  Organ tissue  specified:   
Blood  Faeces  Others  specified:

**Virological investigations:**

Paramyxovirus  Adenovirus  Herpesvirus  Ranavirus (Fam. Iridoviridae)   
Reptarenavirus (IBD)  Nidovirus  Reovirus  Iridovirus (Fam. Iridoviridae)   
Method: PCR  cell culture  Picornavirus (Virus X)

Mycoplasma agassizii  (only PCR) Others:

**Bacteriological investigations:**

Bacteriology  Microbial sensitivity test  **Veterinarian's contact details required!**

**Serological investigations (antibody detection):**

Paramyxovirus  Adenovirus  (only snakes) Herpesvirus  Reovirus

**For more than one sample please fill in the table (next page)**

I request the above mentioned investigations of my samples and will settle the invoice. The General Terms and Conditions of the CVUA OWL and General Data Protection Regulation (GDPR) apply.

For questions please contact Dr. Silvia Blahak, (+49) 5231 911640, [silvia.blahak@cvua-owl.de](mailto:silvia.blahak@cvua-owl.de)

**The result report will be sent via email.**

Place, date

Signature owner

Signature veterinarian

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angenommen durch:

Nr.:

**If more than one sample please fill in the table:**

No.	Species / Sample ID:	Material:	Investigation:	Lab ID <small>(filled in by CVUA)</small>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

**Case history:**

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.....  
*Place, date*

.....  
*Signature*

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