



**Veterinary Diagnostic Laboratory – Submission Form for Research Projects** (Nov 2021) Clear Form

<b>Origin of Sample</b> (Submitter): Name: <input style="width: 100%; height: 20px;" type="text"/> Address: <input style="width: 100%; height: 20px;" type="text"/> Phone no: <input style="width: 100%; height: 20px;" type="text"/> E-mail: <input style="width: 100%; height: 20px;" type="text"/> Client ID: <input style="width: 15%; height: 20px;" type="text"/> Contact person: <input style="width: 45%; height: 20px;" type="text"/>	Date of sampling: <input style="width: 100%; height: 20px;" type="text"/> Date of dispatch: <input style="width: 100%; height: 20px;" type="text"/>  <span style="color: red;">For internal use</span> Date of receipt: <input style="width: 100%; height: 20px;" type="text"/>
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<b>Description of Sample Material</b> Species: <input style="width: 15%; height: 20px;" type="text"/> Number of samples: <input style="width: 15%; height: 20px;" type="text"/>	
<b>Blood</b> <input type="checkbox"/> Serum w/ gel <input type="checkbox"/> EDTA <input type="checkbox"/> Citrate <input type="checkbox"/> Serum w/o gel <input type="checkbox"/> Plasma <input type="checkbox"/> Heparin	<b>Urine</b> <input type="checkbox"/> Cystocentesis <input type="checkbox"/> Spontaneous urination <input type="checkbox"/> Catheter
<b>Other</b> (please specify): <div style="border: 1px solid gray; height: 100px; width: 100%;"></div>	
<b>Category of Animal By-Products (ABP)</b> Submitted material is of category ABP-3, unless otherwise stated here: <input style="width: 15%; height: 20px;" type="text"/>	
<input type="checkbox"/> <b>No clinical suspicion of serious contagious diseases</b> (Required)	

<b>Analyses / Parameters</b> (please specify): <div style="border: 1px solid gray; height: 80px; width: 100%;"></div>
<b>To be analyzed before</b> (specify date): <input style="width: 15%; height: 20px;" type="text"/>

<b>Signature</b> (the color of the signature must differ from the printed color):	
<hr style="width: 80%; margin: 0 auto;"/>	<hr style="width: 80%; margin: 0 auto;"/>
Signature	Date (dd/mm/yy)

NOTE! All shipments must be clearly labelled "For Research / Diagnostic Purposes" Information regarding ABP-categories can be found on <a href="#">the Danish Veterinary and Food Administration's website</a>	<span style="color: red;">For internal use</span> E <input type="checkbox"/> H <input type="checkbox"/> S/P <input type="checkbox"/> U <input type="checkbox"/> F <input type="checkbox"/> O <input type="checkbox"/> CP <input type="checkbox"/>
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