**SAMPLE SUBMISSION FORM**

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| EURL use only | Registration No |  | **Date of shipment** | dd/mm/yyyy |

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| **SENDER** |
| Institution: | Click here to enter |
| Address: | Click here to enter |
| Country: | Click here to enter |
|  |
| Name and surname: | Click here to enter |
| Tlf.: | Click here to enter |  | Position: | Click here to enter |
| E-mail | Click here to enter |  | Signature: |  |

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| **SAMPLES SUBMITTED** |
| Type (EDTA Blood, serum, swab, tissue, strain …) | Click here to enter |
| Specie of animal | Click here to enter |
| Origin of animal (farm, region, country) | Click here to enter |

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| **REQUIRED TEST (Click X)** |
| African horse sickness | Bluetongue | Epizootic hemorrhagic disease |
| Ab ELISA | … | Ab ELISA | … | Ab ELISA | … |
| Serogroup RT-PCR | … | Serogroup RT-PCR | … | Serogroup RT-PCR | … |
| Virus isolation | … | Virus isolation | … | Virus isolation | … |
| Serotyping RT-PCR | … | Serotyping RT-PCR | … | **Comments**Click here to enter |
| Sequencing | … | Sequencing | … |
| Ab Seroneutralization Test | … | Ab Seroneutralization Test | … |

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| **ADDITIONAL INFORMATION** **(Clinical signs, vaccination status, comments, other requeriments …)** |
| Click here to enter |

|  |  |  |  |
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| **TUBE** | **ANIMAL** | **SAMPLE** | **PREVIOUS ANALYTICAL RESULTS (If applicable)** |
| **Nº** | **Tube ID** | **Specie** | **ID** | **Type** | **Date of sampling** | **Test** | **Result** |
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If you send more samples, please duplicate this page

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