Request form | Order form

Diagnostics + Autovaccines
Companion animals

Please send your order to:

INVAC International GmbH
Mielestraße 1
14542 Werder (Havel)
info@invac.eu

Contact details

Veterinarian

Veterinary practice | contact person*

Street* | No.*

Postcode* | City / district*

Phone number* | Email*

Owner

Name*

Street* | No.*

Postcode* | City / district*

Email*

Report to: ☐ Veterinarian ☐ Owner ☐ Other*

Invoice to: ☐ Veterinarian ☐ Owner ☐ Other*

Other*

* Mandatory information

Diagnostics

Animal species

☐ Dog ☐ Cat ☐ Horse ☐ Rabbit

☐ Bird ☐ Hamster/guinea pig

☐ Other

Name | internal identification code

Date of sampling

Sample material

☐ Faeces ☐ Urine ☐ Serum/blood

☐ Anal swab ☐ Skin swab ☐ Nasal swab

☐ Other

Case history / comments

Type of examination

☐ Bacteriological examination
☐ Mycological examination
☐ Parasitological examination
☐ Pathogen typing
☐ Resistogram
☐ Other

Autovaccine

Components (species / type)

Antigen 1
Antigen 2
Antigen 3
Antigen 4
Antigen 5

With my signature I authorise INVAC International GmbH to test the submitted sample material for a fee and/or to produce an autovaccine for a fee.

X

Place, date, signature*

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