

Submission form urine swine

Nummer: 209049

Owner : _____

Address: _____

Zip code / City: _____

VAT number: _____

Samplingdate: _____

Submitting Veterinarian: _____

E-mail address: _____

E-mail address for invoice: _____

sample nr.	sow nr.	appearance	sediment	S.G.	blood	pH	nitrate	bacteriology	
		clear / cloudy	pos/neg	refractometer				count	pathogen(s)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

- A:
- B:
- C:
- D:
- E:

antibiotics	A	B	C	D	E
amoxicilline					
flumequine					
lincospectin					
neomycine					
tetracycline					
trimsulfa					

Category 1, samples for diagnosis and examination

