



Ihr kompetenter Laborpartner
www.infectolab-vet.de

Infectolab-Vet GmbH

Dr. med. vet. Norbert Wolff
Veterinary

Laboratory tests order form Dog

Payer (please cross):

Animal owner

Veterinarian

Animal owner: last name, first name <small>Please write in CAPITAL LETTERS!</small>			Veterinarian: (name, address of veterinarian's practice)		
Street, house nr.			Street, house nr.		
ZIP CODE	City	Country/State	ZIP CODE	City	Country/State
Phone			Phone and fax number		
Email:			Email:		
Name of the animal: male <input type="checkbox"/> female <input type="checkbox"/>			Suspected diagnosis / pre-treatment:		
Age:					

Test	Requirement / details	price*1 / in EUR	price*2 / in EUR	Please cross here!
Borrelia EliSpot	2 x CPDA-tubes	95,00	135,00	
Borrelia IgG- ELISA	1 x Serum-tube	14,95	24,91	
Borrelien Blot	1 x Serum-tube	20,00	33,32	
Anaplasma Antibodies (IFT)	1 x Serum-tube	23,00	38,32	
Babesia Antibodies (IFT)	1 x Serum-tube	14,40	23,99	
Ehrlichia Antibodies	1 x Serum-tube	23,00	38,32	
Great profile	1 x Serum-tube urea, creatinine, Na, Cl, K, Ca, phosphate, Mg, bilirubin, ALT, AP, GGT, AST, GLTH, protein total, albumin, globulin, ratio albumin/globulin, CK, LDH, glucose, fructosamin, amylase, lipase, chloesterol, triglyzeride	9,95	16,58	
Small profile	1 x Serum-tube creatinine, Ca, AP, GLDH, protein total, CK, glucose	4,95	8,25	
Big organ profile	1 x EDTA-tube	4,95	8,25	
Small organ profile	1 x EDTA-tube	2,95	4,91	
Hepatic profile	1 x Serum-tube urea, bilirubin, AP, ALT, GGT, AST, GLDH, bile acid, albumin	6,95	11,58	
Thyroid profile	1 x Serum-tube T4, FT4, TSH	19,95	33,24	
Allergy profile	1 x Serum-tube 20 single allergens	50,00	83,30	

*1 net-price for veterinarian

*2 gross-price for animal owner

Prices for the Borrelia EliSpot are launch prices!

Other matters: _____

Signature / date animal owner: _____

Laboratory Tests: _____ **EUR** (Please calculate the costs for all the tests you like together)

- Prepayment to account / bank: Kreissparkasse Augsburg**
IBAN: DE36 7205 0101 0030 4687 89 • BIC: BYLADEM1AUG
- Maestro (1,0%)**
- credit cards (3,25%)**

Name as appears on credit card:

Credit Card Number:

CVV: Card Validation Code:

Expiration Date:

Amount:

Payment Agreement:

I give permission for Infectolab-Vet to process the laboratory order form and laboratory tests. Furthermore, I agree to send a **pre-payment** for all laboratory tests in advance. Results will not be sent out until the full invoice is paid.

I agree that the full amount will be charged to my credit card information given above.

Date, Signature: _____