



Ihr kompetenter Laborpartner
www.infectolab-vet.de

**Infectolab-Vet
Laborbetriebs GmbH**

Dr. med. vet. Norbert Wolff
Veterinary

Laboratory tests order form Dog

Payer (please cross): **Animal owner** **Veterinarian**

| | | | | | |
|---|------|---|--|------|---------------|
| Animal owner: last name, first name | | | Veterinarian: (name, address of veterinarian's practice) | | |
| <small>Please write in CAPITAL LETTERS!</small> | | | | | |
| 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 | Please cross here! |
|----------------------------|-----------------------|--------------------|
| Borrelia EliSpot | 2 x CPDA-tubes | |
| Borrelia IgG- ELISA | 1 x Serum-tube | |
| Borrelien Blot | 1 x Serum-tube | |
| Anaplasma Antibodies (IFT) | 1 x Serum-tube | |
| Babesia Antibodies (IFT) | 1 x Serum-tube | |
| Ehrlichia Antibodies | 1 x Serum-tube | |

Other matters: _____

Signature / date animal owner: _____