

**Sample submission form SMALL & WILD  
RUMINANTS**



Please leave free for internal notes!

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**Sender** (please use block capitals or stamp)

**customer no.:**

Vet surgery /clinic

Name

Street, No. / cip, town / country

email

**Patient**

Species / Breed:

Age:

Pet name / ID:

**Sample**

Sampling date:

Sample labelling:

Amount:

**Case history:**

**Sample material:**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> EB EDTA-blood                     | <input type="checkbox"/> L CSF         | <input type="checkbox"/> GT Genital swab      | <input type="checkbox"/> Org Organs    |
| <input type="checkbox"/> PI Plasma                         | <input type="checkbox"/> F Faeces      | <input type="checkbox"/> KT Conjunctival swab | <input type="checkbox"/> Pu Body fluid |
| <input type="checkbox"/> S Serum                           | <input type="checkbox"/> U Urine       | <input type="checkbox"/> G Scrape             | <input type="checkbox"/> B Biopsy      |
| <input type="checkbox"/> 2nd serum sample (seroconversion) | <input type="checkbox"/> NT Nasal swab | <input type="checkbox"/> RT Pharyngeal swab   | <input type="checkbox"/> SP Sperm      |
| Lab no. of first sample:                                   | <input type="checkbox"/> ...           |   |  |

required test(s): (please tick!) <input checked="" type="checkbox"/>		
Virus (disease)	test method <sup>1</sup>	sample material
<b>no suspicion</b>	<input type="checkbox"/> virus detection (cell culture)	diverse
<b>Maedi/Visna Virus</b>	<input type="checkbox"/> antibody detection	S ca.1ml
	<input type="checkbox"/> Virusnachweis <sup>4</sup>	EB, Org
<b>Caprines Arthritis/ Encephalitis Virus</b>	<input type="checkbox"/> Antikörpernachweis	S ca.1ml
	<input type="checkbox"/> Virusnachweis <sup>4</sup>	EB, Org
<b>Border disease virus</b>	<input type="checkbox"/> antibody detection	S ca.1ml
	<input type="checkbox"/> virus detection <sup>4</sup>	EB, NT, RT, Org

required test(s): (please tick!) <input checked="" type="checkbox"/>		
Virus (disease)	test method <sup>1</sup>	sample material
<b>Bovine Viral Diarrhea Virus</b>	<input type="checkbox"/> antibody detection	S ca.1ml
	<input type="checkbox"/> virus detection <sup>4</sup>	EB, NT, RT, Org
<b>Ovine Herpesvirus 2</b>	<input type="checkbox"/> virus detection <sup>4</sup>	EB, NT, KT, Org
<b>Caprine Herpesvirus-2</b>	<input type="checkbox"/> virus detection <sup>4</sup>	EB; NT, RT, Org
<b>Alcelaphine Herpesvirus 1</b> (Malignant Catarrhal Fever)	<input type="checkbox"/> virus detection <sup>4</sup>	EB; NT, RT, Org
<b>Bona Disease Virus</b>	<input type="checkbox"/> antibody detection	S (2 ml), L
	<input type="checkbox"/> virus detection <sup>4</sup>	L, Org
<b>Bluetongue virus (BTV)</b>	<input type="checkbox"/> virus detection <sup>4</sup>	EB, Org
<b>Rotavirus</b>	<input type="checkbox"/> virus detection <sup>4</sup>	F
<b>Coronavirus</b>	<input type="checkbox"/> virus detection <sup>4</sup>	F
<b>Jaagsiekte Retrovirus</b>	<input type="checkbox"/> virus detection <sup>4</sup>	NT, EB, Org
<b>Poxvirus</b>	<input type="checkbox"/> virus detection <sup>4</sup>	B, G
<b>Parapoxvirus</b>	<input type="checkbox"/> virus detection <sup>4</sup>	NT, B, G
<b>Schmallenberg Orthobunyavirus</b>	<input type="checkbox"/> virus detection <sup>4</sup>	Org
<b>Norovirus</b>	<input type="checkbox"/> virus detection <sup>4</sup>	F
<b>Hepatitis E Virus</b>	<input type="checkbox"/> virus detection <sup>4</sup>	Org
<b>Papillomavirus<sup>5</sup></b>	<input type="checkbox"/> virus detection <sup>4</sup>	B
<input type="checkbox"/> Other:		
Signature & Stamp veterinarian:		

### Information

- 1 not all tests are accredited – for information please consult our home page (<https://virovet-diagnostik.de/>)
- 2 for antibody test for import / travel purposes please use special submission form!
- 3 2 ml serum needed for all 4 tests
- 4 virus detection can comprise isolation, PCR (genome detection), antigen detection and / or electron microscopy.  
The laboratory decides (if necessary) which method is suitable. **Please indicate if a certain method is required.**
- 5 for production of autovaccine please use special form (prescription).

Please note that your personal data will be used and recorded for processing the submission and accounting. Further information on our data protection rule can be found here: [Data Protection Directive \(virovet-diagnostik.de\)](https://virovet-diagnostik.de/)