

Strain submission of porcine origin



strain management

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Submitter: (please include email for the report) _____

date of dispatch: __/__/____

Your identification	pathogen	Animal owner (incl. complete address)	Farm (incl. complete address)	Your typing results

Request for:

storage of the isolates

typing of the isolates PCR APP serotyping PCR APP toxin typing

PCR E. coli serotyping PCR S. hyicus exfoliative toxin typing

PCR S. suis typing

Comments:

please call back

place and date	Signature veterinarian / submitter
	Report via: <input type="checkbox"/> fax <input type="checkbox"/> mail