

Strain submission

Submitter: (please include email for the report)

date of dispatch:

Strain management

Vaxxino Diagnostics GmbH
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Your identification	pathogen	Animal species	Animal owner (incl. complete address)	Farm (incl. complete address)	Your typing results

Request for:

- ☐ storage of the isolates
- ☐ typing of the isolates (please consult the strain management)

Comments:

☐ Please call back

place and date

Signature veterinarian / submitter

Report via e-mail: