



Order form autogenous vaccine for aquaculture

E-MAIL: order.aqua@vaxxinova.no

Customer (Company name) / Billing address:	Delivery address	Email
		For Order Confirmation
		For Invoice

To be filled in by Wholesaler

Label information (Please write in block letters)			
Company name			
Address			
Site name & Id.no		NOMA ref.no	
City & Postal code		Total amount(L) applied for	
Prescribing health personnel		Total amount(L) previously prescribed for this exemption	

Requested Delivery Date:

Planned Vaccination Date:

Target Animal: Salmon Trout Cod Turbot Lumpfish

Components	Pathogen	Isolate ID*	Strength* (X * 10 exp 9-10)	Type of Vaccine:
1.				<input type="checkbox"/> Immersion <input type="checkbox"/> Injection - oil <input type="checkbox"/> Injection - water-based
2.				Concentration: <input type="checkbox"/> 50 kg/liter <input type="checkbox"/> 100 kg/liter <input type="checkbox"/> 0.05 ml/dose <input type="checkbox"/> ml/dose
3.				
4.				Total order: <input type="checkbox"/> liters <input type="checkbox"/> doses
5.				

* To be filled in by Vaxxinova

Remarks:

Reference batch-No*:

By signing this form, I confirm that ordered batch will be purchased in its entirety from wholesaler.

By signing this form, I confirm that ordered batch will be purchased in its entirety and I accept the general terms and conditions of Vaxxinova Autogenous Vaccines GmbH for the manufacture of autogenous vaccines as listed under www.vaxxinova.de.

Confirmed and ordered by prescribing fish health personnel

Ordered and signed by Wholesaler

Signature

Signature

Date/ place

Date/place