

Analyse Request

SENDER

Contact :			
Civility :			
Address :			
Phone number :		E-mail :	

REQUESTED ANALYSE(S)

Requested analyse(s):	<input type="checkbox"/> Detection of Foot-and-Mouth Disease / Viral Isolation <input type="checkbox"/> Detection of Foot-and-Mouth Disease / Real Time RT-PCR <input type="checkbox"/> Detection of Foot-and-Mouth Disease / Antigen Capture ELISA <input type="checkbox"/> Serology of Foot-and-Mouth Disease / NSP ELISA <input type="checkbox"/> Serology of Foot-and-Mouth Disease / Type O ELISA <input type="checkbox"/> Serology of Foot-and-Mouth Disease / Seroneutralization <input type="checkbox"/> Typing of Foot-and-Mouth Disease / Conventional RT-PCR <input type="checkbox"/> Typing of Foot-and-Mouth Disease / Antigen Capture ELISA <input type="checkbox"/> Sequencing of Foot-and-Mouth Disease / Conventional RT-PCR <input type="checkbox"/> Others :
Reason for sending:	

SAMPLES

Animal species:	<input type="checkbox"/> SWINE <input type="checkbox"/> BOAR <input type="checkbox"/> HORSE <input type="checkbox"/> SHEEP <input type="checkbox"/> GOAT <input type="checkbox"/> BOVINE <input type="checkbox"/> OTHER (precise) :
Sample type:	<input type="checkbox"/> Blood <input type="checkbox"/> Sera <input type="checkbox"/> Plasma <input type="checkbox"/> Organ (precise) : <input type="checkbox"/> Other :

Quantity of samples:

	Nature of samples	Identification of the animal (number, identifier)	Origin of samples (sampling place, hunting, ...)

If you need more space to list all of your samples, please follow a file with this request.

Conditioning

Descriptive of the samples's conditioning

Transporter / Transport conditions:

**Mandated
Transporter /
IATA :**

**Storage conditions
before sending :**

Sending date :

Address of delivery: Commentaries:

Samples for diagnostic to the attention of
Mr. BAKKALI-KASSIMI Labib
Unité de virologie – Equipe Foot-and-Mouth Disease
Anses – Laboratoire Santé Animale
22, rue Pierre et Marie Curie
94701 Maisons-Alfort cedex

Observations: