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E-mail: mail@labor-boese.de

## Exportuntersuchung - Pferd *Request for export testing - commande d'analyse*

### Auftraggeber, *customer, commettant*

|   |   |
|---|---|
| Name                                      | : |
| Straße ( <i>street</i> )                  | : |
| PLZ u. Ort ( <i>residence, zip code</i> ) | : |
| Land ( <i>country</i> )                   | : |
| Tel.                                      | : |
| FAX                                       | : |
| E-mail                                    | : |
| Datum, Unterschrift                       | : |

### Besitzer, *owner, propriétaire*

|   |   |
|---|---|
| Name                                      | : |
| Straße ( <i>street</i> )                  | : |
| PLZ u. Ort ( <i>residence, zip code</i> ) | : |
| Land ( <i>country</i> )                   | : |
| Tel.                                      | : |
| FAX                                       | : |
| E-mail                                    | : |

### Rechnung an, *billing address, facturation à*

|   |   |
|---|---|
| Name                                      | : |
| Straße ( <i>street</i> )                  | : |
| PLZ u. Ort ( <i>residence, zip code</i> ) | : |
| Land ( <i>country</i> )                   | : |
| Tel.                                      | : |
| FAX                                       | : |
| E-mail                                    | : |
| MwSt Ident. Nr. ( <b>VAT number</b> )     | : |

**Aufträge gegen Vorauszahlung, Bankeinzug, Kreditkarte, sofern nicht anders vereinbart.**  
***Advance payment or payment by credit card required, unless agreed otherwise.***  
***Paiement en avance ou paiement avec carte de crédit, sauf convention contraire.***

**Kreditkarte - Credit Card**    Visa    Master/ Euro    American Express    Diners

|            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |   |  |  |  |  |  |  |
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### Bankeinzug vom Konto (nur Deutschland, *Germany only*):

|            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |   |  |  |  |  |  |  |  |  |
|------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------------|---|--|--|--|--|--|--|--|--|
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|                    |                                |
|--------------------|--------------------------------|
| Datum, <i>date</i> | Unterschrift, <i>signature</i> |
|--------------------|--------------------------------|

### Originalbefund an:

*Original report to:*

### Befundkopie an:

*copy of result to:*

|   |                       |                         |                       |
|---|-----------------------|-------------------------|-----------------------|
| <b>Name und Lebensnr. des Tieres</b><br><i>name and ID- no. of horse:</i> | <b>Geboren, born:</b> | <b>Geschlecht, sex:</b> | <b>Farbe, colour:</b> |
|   |                       |                         |                       |

|  |                                |                                     |
|--|--------------------------------|-------------------------------------|
| <b>Entnahmedatum und Uhrzeit,</b><br><i>date and time of sampling:</i> | <b>Export nach, export to:</b> | <b>Exportdatum, date of export:</b> |
|  |                                |                                     |

| <b>Serologische, virologische Untersuchungen, serological, virological tests</b>   | <b>Probe sample</b> | <b>Preis<sup>1</sup> fee</b> |
|--|---------------------|------------------------------|
| <b>Piroplasmose, Babesiose</b> ( <i>piroplasmosis, babesiosis</i> ):<br>jeweils für B.equi, B.caballi; for both, B.equi, B.caballi |                     |                              |
| C-ELISA, IFAT (Exportuntersuchung für USA, export testing for USA )  | S                   | 100,--                       |
| KBR; IFAT( Exportuntersuchung, außer USA; export testing excepting USA)  | S                   | 90,--                        |
| IFAT (Voruntersuchung, screening)  | S                   | 40,--                        |
| Direktnachweis, Blutausstriche, ( <i>blood smears, e.g. for export to Japan</i> )  | EB                  | 24,--                        |
| <b>Infektiöse Anämie (EIA)</b> „Coggins-Test“  | S                   | 16,--                        |
| „C-ELISA“  | S                   | 20,--                        |
| <b>Beschälseuche</b> ( <i>Dourine</i> )  | S                   | 16,--                        |
| <b>Rotz</b> ( <i>Glanders, Malleus, Morve</i> )  | S                   | 16,--                        |
| <b>Equine Virusarteriitis, EVA</b> ( <i>Equine viral arteritis</i> )   |                     |                              |
| Virus-Neutralisationstest (VNT)  | S                   | 20,--                        |
| Virusisolation und PCR aus Sperma ( <i>Virus isolation and PCR from semen</i> )  | SP                  | 50,--                        |
| <b>Leptospirose</b> ( <i>Leptospirosis</i> ), MAT  | S                   | 20,--                        |
| <b>Salmonellose</b> ( <b>S. abortus equi</b> ) ( <i>Equine paratyphoid</i> )   | S                   | 20,--                        |
| <b>Stomatitis vesicularis</b> , Serotype Indiana, VNT  | S                   | 35,--                        |
| <b>Stomatitis vesicularis</b> , Serotype New Jersey, VNT   | S                   | 35,--                        |
| <b>Equines Herpesvirus Typ 1 (EHV 1) VNT</b>   | S                   | 20,--                        |
| <b>Equines Herpesvirus Typ 4 (EHV 4) VNT</b>   | S                   | 20,--                        |
| <b>Equine Influenza (A equi I, II)</b>   | S                   | 24,--                        |
| <b>Afrikanische Pferdepest</b> ( <i>African Horse Sickness</i> )   | S                   | 35,--                        |
| <b>West Nile Virus</b> , IgM und IgG Antikörper, <i>IgM and IgG antibodies</i> , ELISA   | S                   | 40,--                        |
| <b>Ehrlichia equi</b> , Anaplasma phagocytophilum (IFAT)   | S                   | 20,--                        |

| <b>Bakteriologische Untersuchungen, bacteriological testing</b> | <b>CEM</b>                |                        | <b>Allg. BU<sup>4</sup> Gen. Bact.</b> |
|---|---------------------------|------------------------|--|
|   | <b>Kultur<sup>2</sup></b> | <b>PCR<sup>3</sup></b> |  |
| Eichelgrube, Fossa glandis                                      |                           |                        |  |
| Harnröhrensinus, Sinus urethralis                               |                           |                        |  |
| Schafttupfer, <i>Surface of prepuce</i>                         |                           |                        |  |
| Vorsekret, <i>pre-ejaculatory fluid</i>                         |                           |                        |  |
| Sperma, <i>semen</i>  |                           |                        |  |
| Klitorisgrube, Fossa clitoridis                                 |                           |                        |  |
| Sinus clitoridis medialis, <i>medial sinus</i>                  |                           |                        |  |
| Sinus clitorides laterales, <i>lateral sinuses</i>              |                           |                        |  |
| Cervix, <i>cervix, endometrial swab</i>                         |                           |                        |  |

**CAVE: CEM-Tupfer in Amies-Kohlemedium, Kühlversand per Übernachttransport!**  
**CEM-swabs in Amies transport medium with charcoal, refrigerated overnight shipment!**

**Weitere Untersuchungen, besondere Wünsche, additional tests, comments:**

<sup>1</sup> Preise ab 01.01.03, netto ohne MwSt; fees as of 01.01.03 excl. VAT (16%).

**S** = Serum (~5ml) oder Vollblut ohne jeden Zusatz (~10ml); *serum (~5mls) or whole blood without any additives (~10mls)*. **EB** = EDTA-Blut (~ 1-2ml), EDTA blood. **SP** = Sperma (~10ml), nativ, ohne Verdünner, Kühlversand, Übernachttransport; *semen, (~10mls) no extender added, refrigerated overnight shipment*

<sup>2</sup>Erforderlich für Export; (25,-- €/Tupfer). Required for export testing; <sup>3</sup>Geeignet als Voruntersuchung oder in klinischen Verdachtsfällen (Laufzeit 2 Tage!) (25,-- €/Tupfer); suitable for screening and for clinical cases. <sup>4</sup>

Allgemeine Bakteriologische Untersuchung; general bacteriological examination (16,-- €/Tupfer)