

Strain submission

strain management

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Submitter: (please include email for the report)

date of dispatch: __/__/____

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: <input type="checkbox"/> fax <input type="checkbox"/> email