



## INZENDFORMULIER BVD BLANCO OORBIOPTEN

Aantal monsters:	Authorisatie	Ontvangst sticker:	Inzendnummer:	In te vullen door GD			
Diversen: <table border="1" style="width: 100px; height: 40px;"><tr><td> </td><td> </td><td> </td></tr></table>				Datum    Paraaf	Deze ruimte niet beschrijven	Deze ruimte niet beschrijven	

### Formulier zo VOLLEDIG mogelijk invullen.

Veehouder (eigenaar UBN):	UBN : <table border="1" style="width: 100px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								
Adres:	Rel : <table border="1" style="width: 100px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								
Postcode + Plaats:									
Dierenarts/praktijk:	Nr : <table border="1" style="width: 100px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								
Plaats:									
Overige :	Nr : <table border="1" style="width: 100px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								

Inzender is	<input checked="" type="checkbox"/> Veehouder <input type="checkbox"/> Dierenarts <input type="checkbox"/> Overige	Engelse uitslag
Extra uitslag naar:	<input type="checkbox"/> Veehouder <input type="checkbox"/> Dierenarts <input type="checkbox"/> Overige	
Rekening naar	<input type="checkbox"/> Veehouder <input type="checkbox"/> Dierenarts <input type="checkbox"/> Overige	
Materiaal	<input checked="" type="checkbox"/> Overige : OORBIOPT (In meegeleverde sealbag verpakken en UBN of postcode + huisnummer noteren op de retourenvelop.)	
Diersector	<input type="checkbox"/> Melkvee(incl. jongvee) <input type="checkbox"/> Zoogkoeien <input type="checkbox"/> Vleesstieren <input type="checkbox"/> Vlees-/rose kalf <input type="checkbox"/> Diversen	

GD nummer	Levensnummer / omschrijving kalf / verworpen vrucht					
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#### GEWENST ONDERZOEK:

**10320 BVD virus ELISA (oorbiopt) W036C**

Opdrachtgever	Extra informatie
Naam: .....  Handtekening: .....  Datum: .....	