Request Form Mare



| _ | | | | | | ••• ist gut! | | |
|------------------------------|--|---------|--|-------|---|---|--|--|
| Please keep this space blank | | ' | Fax: E-Mail: | + 4 | 19 - (0) 51 27 - 90 20 5-0 19 - (0) 51 27 - 90 20 5-55 ail@labor-boese.de | Labor Dr. Böse Gmb Carl-Zeiss-Str. 6 DE-31177 Harsum | | |
| | | | | | ls use CAPITAL LETTERS lumber (if available): | | | |
| | | | Name: | | | | | |
| | | | Street: | | | | | |
| | | | Post co | de, 1 | cown: | | | |
| | Horse ID PIs use CAPITAL LETT | EDC | Country | : | | | | |
| | | | Phone:Fax: | | | | | |
| | Name: | | E-mail: | | | | | |
| | Life Number (UELN): | | Date, si | igna | ture: | | | |
| | Chip Number: SIRE (France): Date of Birth: | | Owner PIs use CAPITAL LETTERS Customer Number (if available): | | | | | |
| | | | | | | | | |
| | Sex: | | | | | | | |
| | | | Street: Post code, town: | | | | | |
| 700 | Colour: | | | | | | | |
| | Sample Specification Date of sampling: | | Country: Fax: Fax: | | | | | |
| | | | | | | | | |
| | Time of sampling: | - | | | | | | |
| | Type of specimen, sampling site: Serum Swab: Whole blood Native material: EDTA blood/-plasma Biopsy: Blood smear Cytolog. smear: Blood culture flask Others: Guttural pouch wash | | Invoice Recipient PIs use CAPITAL LETTERS Setting up a new customer accout will be charged 8 € | | | | | |
| | | | Customer Number (if available): | | | | | |
| | | | Name: | | | | | |
| | | | Street: | | | | | |
| | | | Post code, town: | | | | | |
| | ☐ Follow-up testing, see order no.: | | Country: | | | | | |
| | | | Phone: | | | Fax: | | |
| Report Language | | □French | E-mail: always requ VAT Nur | | r: | | | |
| Original b | oy postal mail: ☐ Yes | □No | Invoice | : | ☐ By postal mail ☐ | By e-mail | | |
| Original t | o: | | | | | | | |
| Copy to (| copy to (fax/e-mail): | | | | | | | |

www.labor-boese.de

- Request forms
- Ordering shipping materials
- Access to our web portal: Reports, invoices, online payment

Date, signature (always required)

Order acceptance only in accordance with our General Terms and Conditions, visit: www.labor-boese.de

Testing for Breeding Purposes and Abortion - Mare

| Pr | eliminary Repor | t, Re | ason for | Examination | | | | | |
|---|--|------------------|--------------------|---------------------|--|--|--|--|--|
| | in oestrus | | eturn to estrus | ☐ no clinical signs | | | | | |
| | Endometritis control after treatme Thoroughbred Testin | nt I g | bortion | ☐ pregnant | | | | | |
| | Mare for covering in (| (count | ry, stud): | | | | | | |
| | Embryo transfer | | | | | | | | |
| | Others: | | | | | | | | |
| Rr | eeding | | | | | | | | |
| | • | | | | | | | | |
| | erology | | | | | | | | |
| | A Equine Infectious An Coggins-Test (serum ELISA (serum) #120 |) #120 | 00 | | | | | | |
| | A Equine Viral Arteritis VNT (serum) #1500 ELISA (serum) #1509 | | | | | | | | |
| Do | purine | | | | | | | | |
| □ Gla | CFT (serum) #1300 anders, Malleus CFT (serum) #1400 | | | | | | | | |
| Ba | acteriology and I | Vlyco | logy | | | | | | |
| Sai | mple material: culture | swab | ** | | | | | | |
| | Mare - Panel 1 Aerobic culture, incl. yeasts, resistograms #5026 Panel 1 without resistograms #5027 | | | | | | | | |
| | Mare - Panel 2 | | | | | | | | |
| | same as "Panel 1", additional mycological examination #5031 Panel 2 without resistograms #5032 | | | | | | | | |
| Cytology | | | | | | | | | |
| Cytology Cytological smears ° Cytological examination #6500 | | | | | | | | | |
| CEM, Contagious Equine Metritis, Taylorella equigenitalis Important: Swabs in AMIES transport medium with charcoal. 24 h transport, \$8°C | | | | | | | | | |
| | Fossa clitoridis | | | | | | | | |
| | Sinus clitoridis med. | | | | | | | | |
| | Sinus clitorides lat. | | | | | | | | |
| | | | | indometrium | | | | | |
| | | | | Г | | | | | |
| Сп | Iture 7 days #5100 | | | others | | | | | |
| | Culture 14 days #5114 | | | | | | | | |
| | R #5101 | 古 | 古古古 | Ϊ | | | | | |

Thoroughbred Testing

Minimum Recommendations according to the "BEVA Codes of Practice" Swabs:

Fossa clitoridis, Sinus clitorides med. et lat., Endometrium (taken during oestrus)

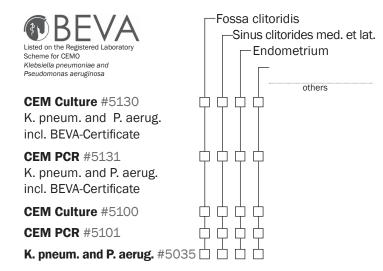
Laboratory tests:

CEM (T. equigenitalis) by culture (result after 7 days) as well as Klebsiella pneumoniae and Pseudomonas aeruginosa

CEM (T. equigenitalis) by PCR (result after 1-2 days) as well as Klebsiella pneumoniae and Pseudomonas aeruginosa

Issuance of an BEVA branded laboratory certificate is possible, provided that the above mentioned minimum requirements are met. Please note that requirements of certain studs may differ.

Important: Swabs in AMIES transport medium with charcoal. 24 h transport, \$8°C



Abortion

PCR: dry swab, Lochia 24 h transport. \$8°C -Endometrium BE aerobic: culture swab * * Lung puncture aspirate (foetal) others Panel 1 #8620 EHV-1, EHV-4, PCR Panel 2 #8660 EHV1, EHV-4, EVA, PCR **EHV-1**, PCR #1912 EHV-4, PCR #1942 **EVA**, PCR #1502 Leptospirosis, PCR #1622 Chlamydia, PCR #5062 Aerobic culture #5026 incl. resistograms

Abbreviations / Explanations

ELISA Enzyme Linked Immunosorbent Assav **CFT**

Virus Neutralisation Test

Complement Fixation Test PCR Polymerase Chain Reaction Swab in transport medium (e.g. AMIES)

8°C, cooled

Performed by an accredited partner laboratory

Not accredited