



Institute of tropical Medicine

Public utility foundation | VAT 0410.057.701

CLKB / Sample service

Kronenburgstraat 43/3
B-2000 Antwerpen

Owner

Name*:

Tel. :

Animal

Animal species*:

N° passport:

N° chip:

N° tatoo:

Name*:

Date of birth:

Breed:

Veterinary practice

Name*:

Address*:

Tel.*:

Fax.:

E-mail*:

Requesting laboratory

Name*:

Address*:

Tel.*:

Fax.:

E-mail*:

Invoice and result will only be sent to veterinarian or laboratory

Veterinarian

Laboratory

N° VAT*:

Date and time sample:

Date order:

Export to country*:

Import from country:

Diagnosis → clinical information* :

Analyses

19436 *Dirofilaria immitis* Ag

19442 *Dirofilaria* enrichment

19435 *Ehrlichia canis* Ab

19439 *Fasciola* AI

19437 *Leishmania* Ab (DAT)

19441 *Leishmania* Ab (IFAT)