

**T.T.&P.**

Nationalestraat 155

B-2000 Antwerpen

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**OWNER**

Name:

**ANIMAL**

Name:

Date of birth:

Animal species:

Breed:

Passport:

Chip:

Tattoo:

Sex:

**VETERINARY PRACTICE**

Name:

Address:

Tel.:

E-mail:

**REQUESTING LABORATORY**

Name:

Address:

Tel.:

E-mail:

**INVOICE**

Name:

Address:

Tel.:

E-mail:

Payment by :

Bank transfer

Credit card (E-mail address  
required)

VAT-number:

Date sample taken:

Export to country:

Date of travel:

**ANALYSES REQUESTED**

*Trypanosoma evansi* antibodies (CATT) (recommended by OIE)

*Trypanosoma evansi* microscopy (smear) (recommended by OIE)

*Trypanosoma evansi* immune-trypanolysis (confirmation of positive CATT result - **consent required**)

*Trypanosoma evansi* antibodies (ELISA Equidae, Camelidae)

*Trypanosoma evansi* PCR