

T.T.&P.

Nationalestraat 155

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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