Order form for diagnostics

Dophavacc®

FB-082-01 / 2024v1	
Order number (to be completed by RIPAC): D	
Receipt date of samples (RIPAC LABOR):	

Send form to diagnostik@dopharma-ripac.com

Details of veterinarian	
Veterinary clinic:	
Vet name:	
Address:	
Postal code, city:	
Country:	
E-mail:	
Phone:	

Details of farmer	
Company name:	
Company code:	
Address:	
Postal code, city:	
Country:	

Send samples to

RIPAC-LABOR GmbH
Am Mühlenberg 11
D-14476 Potsdam-Golm
Germany

Diagnostic laboratory	
Name of laboratory:	
Contact person:	
Address:	
Postal code, city:	
E-mail:	
Phone:	

Material

◯ faeces, qty:	◯ organs, qty:
◯ faecal samples, qty:	◯ heads, qty:
◯ intrarectal samples, qty:	◯ carcasses, qty:
◯ intracervical samples, qty:	◯ blood, qty:
◯ bacterial cultures (swab), qty:	
◯ bacterial cultures (agar plate), qty	
◯ other:	

Animal species:	
Date of sampling:	
Clinical diagnosis/symptoms:	

Samples

Number	Material	Age of the animals	Veterinarian identification number

	These samples were taken from a stock free of notifiable animal diseases

Date	Signature veterinarian

Date of receipt	Signature RIPAC

Type of examination

- ◯ General bacteriological examination with specification
- ◯ Antibiogram
- ◯ Virological examination:
  - ◯ Rotavirus
  - ◯ Reovirus
  - ◯ Coronavirus
  - ◯ Adenovirus
- ◯ Mycological examination
- ◯ Parasitological examination:
  - ◯ Coccidia / cryptosporidium
  - ◯ Parasitic worm eggs
- ◯ ELISA
- ◯ Other types of examination:
- ◯ Specific bacteriologic examination:
  - ◯ Strictly anaerobic (e.g. claw diseases, udder cleft dermatitis)
  - ◯ *Avibacterium paragallinarum*
  - ◯ *Brachyspira* spp
  - ◯ *Campylobacter* spp
  - ◯ *Chlamydia* spp (qPCR)
  - ◯ *Clostridoides difficile*
  - ◯ *Clostridium botulinum* and neurotoxins
  - ◯ *Lawsonia* spp (PCR)
  - ◯ *Mycoplasma* spp
    - ◯ Cultivation
    - ◯ PCR
  - ◯ *Ornithobacterium rhinotracheale*
    - ◯ Serotyping *Ornithobacterium rhinotracheale* (additional fees apply)
  - ◯ *Salmonella* spp
    - ◯ Serotyping *Salmonella* spp (additional fees apply)
  - ◯ Other species:

Additional information

Send form to diagnostik@dopharma-ripac.com

Print form

Submit form