Order form Autogenous Vaccine Poultry

FB-021-05 EN
2024v1

Date:	

TO BE COMPLETED BY RIPAC-LABOR	
Order no.:	
Order receipt date:	

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

Animal species	
◯	Laying hens
◯	Breeders
◯	Rearing
◯	Turkeys
◯	Other:

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

Delivery time

Dosage / administration	Shelf life
Dosage: see label Administration: see insert	6 months

Bacteria: genus - species - type	Reference number Ripac-Labor

Signature

POULTRY

Species	Dosage	Adjuvant	Vial)	Item number	Number of vials
1 specie	0.5 ml	aluminum hydroxide	500 ml (1000 doses)	DV140015	
		oil	500 ml (1000 doses)	DV140055	
1 specie: Mycoplasma	0.5 ml	aluminum hydroxide	500 ml (1000 doses)	DV140115	
		oil	500 ml (1000 doses)	DV140195	
1 specie: virus	0.5 ml	oil	500 ml (1000 doses)	DV140205	
2 species	0.5 ml	aluminum hydroxide	500 ml (1000 doses)	DV140025	
		oil	500 ml (1000 doses)	DV140065	
2 species incl. Mycoplasma	0.5 ml	aluminum hydroxide	500 ml (1000 doses)	DV140135	
		oil	500 ml (1000 doses)	DV140215	
2 species incl. virus	0.5 ml	oil	500 ml (1000 doses)	DV140225	
3 species	0.5 ml	aluminum hydroxide	500 ml (1000 doses)	DV140035	
		oil	500 ml (1000 doses)	DV140075	
3 species incl Mycoplasma	0.5 ml	aluminum hydroxide	500 ml (1000 doses)	DV140155	
		oil	500 ml (1000 doses)	DV140235	
3 species incl. virus	0.5 ml	oil	500 ml (1000 doses)	DV140245	
4 species	0.5 ml	aluminum hydroxide	500 ml (1000 doses)	DV140045	
		oil	500 ml (1000 doses)	DV140085	
4 species incl. Mycoplasma	0.5 ml	aluminum hydroxide	500 ml (1000 doses)	DV140175	
		oil	500 ml (1000 doses)	DV140255	
4 species incl. virus	0.5 ml	oil	500 ml (1000 doses)	DV140265	
species	0.5 ml		500 ml (1000 doses)		

TURKEYS

Species	Dosage	Adjuvant	Vial)	Item number	Number of vials
REO / Adeno virus (oral)	0.2 ml	water	500 ml (2500 doses)	DV140275	

Evaluation efficacy and safety previous batch, if applicable	
Efficacy	**Details/remarks**
◯ Good	
◯ Reasonable	
◯ Poor	
Safety	
◯ Good	
◯ Reasonable	
◯ Poor	

Signature

Send the form to ts@dopharma.com

Print form

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