

Tauros Diagnostik GbR
Niederwall 5
D-33602 Bielefeld

If you would like to receive an automatic message about the progress of your order, please enter your email address here:

(clear block letters, please)

I confirm the payment of this order in favour of Tauros Diagnostik.

Sparkasse Bielefeld
 IBAN: DE95 4805 0161 0000 0394 12
 BIC: SPBIDE33XXX

Please indicate your name in the reference area of your bank transfer form.

Analysis Order Form (Young Pigeon Disease) (Please fill in with clearly readable block letters and mark the desired diagnostic.)

Last Name: _____
 First Name: _____
 Postcode/City/Country: _____
 Street: _____
 Tel.: _____
 Fax: _____

Important: Please use fresh disposable gloves for each bird during the sampling procedure!

- YPD Virus-Screening** = Circo-, Adeno- and Herpesviruses (blood and cloaca swab or organs)
- FAdV** = Fowl Adenovirus (cloaca swab or organs)
- PiHV** = Pigeon Herpesvirus (blood, bloodfeather, cloaca swab or organs)
- PiCV** = Pigeon Circovirus (blood, bloodfeather, cloaca swab or organs)

Species	Identification (Ring number)	Virus-Screening	PiCV	FAdV	PiHV
1)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Request: Sample Material (please fill in the desired number) Bags: Swabs: Order form:

City/Date

Signature