

**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: SPBIDE3BXXX

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

**Analysis Order Form (Birds)** (Please fill in with clearly readable block letters and mark the desired diagnostic.)

Last Name: \_\_\_\_\_ Street: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Tel.: \_\_\_\_\_  
 Postcode: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City / Country: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Important:** Please use fresh disposable gloves for each bird during the sampling procedure for detecting pathogenic organisms!

- Sexing** = DNA-sexing (freshly plucked feathers)
- Chlamydiosis** = Chlamydia psittaci (blood, cloaca swab, faeces)
- PBFD** = Circovirus (blood, bloodfeather, cloaca swab)
- APV** = Polyomavirus (blood, freshly plucked feathers)
- PDD** = Bornavirus (cloaca swab, blood)

Species	Identification (Ring number)	Sexing	Chlamydiosis	PBFD	APV	PDD
1) _____		<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
3) _____		<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
5) _____		<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
7) _____		<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
9) _____		<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

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

\_\_\_\_\_  
 City/Date Signature