



Order form for avian genetic testing

Name of the veterinary clinic

(Do not fill in, if the customer is a breeder or an owner of the bird)

Tax-ID-No.: _____

E-mail: _____

Owner/Breeder

Name: _____

Street: _____

Post code, town: _____

Country: _____

Tel.: _____

E-mail: _____

To be invoiced to: clinic breeder

Payment: cash card (PayPal service)

Send the test result report by: e-mail post + e-mail (+2,10€)

bank transfer

BIRD 1 **Sexing:** Female Male Unknown Sample number

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Name: _____

English title: _____

Latin title: _____

Identification Number: _____

Tick the tests required:

- Bird infection APV (BFD) + PBFD complex test
- Bird sexing (accredited test for order Psittaciformes, Falconiformes, Cuculiformes, Columbiformes and Galliformes)
- Bird sexing (non-accredited test for other orders)

BIRD 2 **Sexing:** Female Male Unknown Sample number

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Name: _____

English title: _____

Latin title: _____

Identification Number: _____

Tick the tests required:

- Bird infection APV (BFD) + PBFD complex test
- Bird sexing (accredited test for order Psittaciformes, Falconiformes, Cuculiformes, Columbiformes and Galliformes)
- Bird sexing (non-accredited test for other orders)

