



SUBMISSION FORM OTHER SAMPLES SWINE no blood or faeces (not for post-mortem material)

To be filled out by GD
Number of samples:

| | | | | | | |
|---|--------------------------|--------------------------|--------------------------|----------------------------------|---|---|
| <p>Swab Other Tissue</p> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;"><input type="checkbox"/></td> <td style="width: 33%;"><input type="checkbox"/></td> <td style="width: 33%;"><input type="checkbox"/></td> </tr> </table> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>Authorisation</p> <p>Date</p> | <p>Receipt sticker:</p> <p style="text-align: center; font-size: 1.2em;">Leave this box blank</p> | <p>Submission number:</p> <p style="text-align: center; font-size: 1.2em;">Leave this box blank</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | | Initials | | | | |

Please fill out form as completely as possible

REQUESTED TEST: pto

| | | | | | | | | | | | | | | | | | |
|--|---|------------------|--------------|-------|-----------------|------------------|--------------|-------|------------|------------------|--------------|-------|----------|------------|-------|--|--|
| <p>Livestock farmer:</p> <p>Address: _____</p> <p>Postal code + City: _____</p> <p>Country: _____</p> | <p>Customer no: <input style="width: 100%;" type="text"/></p> | | | | | | | | | | | | | | | | |
| <p>Vet/practice:</p> <p>City: _____</p> | <p>Customer no: <input style="width: 100%;" type="text"/></p> | | | | | | | | | | | | | | | | |
| <p>Other :</p> | <p>Customer no: <input style="width: 100%;" type="text"/></p> | | | | | | | | | | | | | | | | |
| <p>Reference on result and invoice:</p> <p style="text-align: center;"><input style="width: 100%;" type="text"/></p> | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Submitter is</td> <td style="width: 20%;">Livestock farmer</td> <td style="width: 20%;">Veterinarian</td> <td style="width: 45%;">Other</td> </tr> <tr> <td>Extra result to</td> <td>Livestock farmer</td> <td>Veterinarian</td> <td>Other</td> </tr> <tr> <td>Invoice to</td> <td>Livestock farmer</td> <td>Veterinarian</td> <td>Other</td> </tr> <tr> <td>Material</td> <td>Swab from:</td> <td colspan="2">Other</td> </tr> </table> | Submitter is | Livestock farmer | Veterinarian | Other | Extra result to | Livestock farmer | Veterinarian | Other | Invoice to | Livestock farmer | Veterinarian | Other | Material | Swab from: | Other | | <p>English results (Engelse uitslag)</p> |
| Submitter is | Livestock farmer | Veterinarian | Other | | | | | | | | | | | | | | |
| Extra result to | Livestock farmer | Veterinarian | Other | | | | | | | | | | | | | | |
| Invoice to | Livestock farmer | Veterinarian | Other | | | | | | | | | | | | | | |
| Material | Swab from: | Other | | | | | | | | | | | | | | | |

| Sample number | Identification number | Age | Pool ID |
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|----------------------------|--|--|
| Pilot/Project GD-no. _____ | Sampling date: <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> | Time (hour:min.) <input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> |
| Client | Explanation / Anamnesis | |
| Name: | | |
| Signature: | | |
| Date: | | |

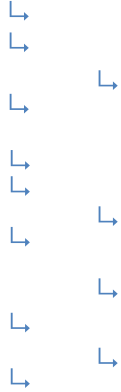
Tick requested test

Bacteria

AR

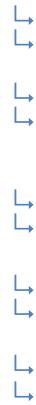


Other



Viruses

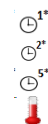
Other



Cell and tissue pathology



Clinical chemistry



Commercial document

For the transport of animal by-products and derived products not intended for human consumption in accordance with Regulation (EC) No 1069/2009 within the European Union

EUROPEAN UNION

Commercial document

| | | | | | | | | | | | | |
|---|---|---------------------|-----------------|-------------------------------------|----------------------------------|------------------------|------------------------------|--------------------------|----------|-----------------------------|-----------------|--|
| Part I: Details of dispatched consignment | I.1. Consignor Name Address Postcode | | | | I.2. Document reference No | | I.2.a. Local reference No | | | | | |
| | | | | | I.3. Central competent authority | | | | | | | |
| | | | | | I.4. Local competent authority | | | | | | | |
| | I.5. Consignee Name Address Postcode Tel. | | | | I.6. | | | | | | | |
| | | | | | I.7. | | | | | | | |
| | I.8. Country of origin | | ISO code | I.9. Region of origin | | Code | I.10. Country of destination | | ISO code | I.11. Region of destination | Code | |
| | I.12. Place of origin | | | | I.13. Place of destination | | | | | | | |
| | Establishment | | | | Establishment | | Other | | | | | |
| | Name | | Approval number | | Name | | Approval number | | | | | |
| | Address | | | | Address | | Approval number | | | | | |
| Postcode | | | | Postcode | | | | | | | | |
| I.14. Place of loading | | | | I.15. Date of departure | | | | | | | | |
| I.16. Means of transport | | | | I.17. Transporter | | | | | | | | |
| | | | | Aeroplane | | Ship | Railway wagon | | Name | | Approval number | |
| | | | | Road vehicle | | Other | Identification | | Address | | Member State | |
| I.18. Description of commodity | | | | I.19. Commodity code (CN code) | | | | | | | | |
| I.21. Temperature of products | | | | I.20. Quantity | | | | | | | | |
| Ambient | | Chilled | | Frozen | | Controlled temperature | | I.22. Number of packages | | | | |
| I.23. Seal/Container No | | | | I.24. Type of packaging | | | | | | | | |
| I.25. Commodities certified for: | | | | I.26. | | | | | | | | |
| Animal feedingstuff | | Technical use | | For research / diagnosis only | | Member State | | ISO code | | | | |
| Member State | | ISO code | | Member State | | ISO code | | Member State | | | | |
| Member State | | ISO code | | Member State | | ISO code | | Member State | | | | |
| I.28. Export | | | | I.27. Transit through Member States | | | | | | | | |
| Third country | | ISO code | | Member State | | ISO code | | Member State | | | | |
| Exit point | | Code | | Member State | | ISO code | | Member State | | | | |
| I.30. | | | | I.29. | | | | | | | | |
| I.31. Identification of the commodities | | | | Approval number of establishments | | | | | | | | |
| Species (Scientific name) | | Nature of commodity | | Category | | Treatment type | | Manufacturing plant | | Batch number | | |

COUNTRY

Animal by-products/derived products not intended for human consumption

| | | | | |
|-------------------------------|---|---|------------------------------------|--------|
| Part II: Certification | II. | Health information | II.a. Certificate reference number | II.b. |
| | II.1. | Declaration by the consignor I, the undersigned, declare that: | | |
| | II.1.1. | the information in Part I is factually correct; | | |
| | II.1.2. | all precautions have been taken to avoid contamination of the animal by-products or derived products with pathogenic agents and cross-contamination between various Categories. | | |
| | Notes | | | |
| | Part I: | | | |
| | - | Box reference I.9. and I.11.: if appropriate. | | |
| | - | Box reference I.12., I.13. and I.17.: approval number of registration number. In the case of processed manure indicate in Box I.13 the approval or registration number of plant or holding of destination. | | |
| | - | Box reference I.14.: complete if different from "I.1. Consignor". | | |
| | - | Box reference I.25.: technical use: any use other than for animal consumption. | | |
| | - | Box reference I.31.: | | |
| | Animal species: | For Category 3 material and products derived therefrom destined for use as feed material. Select from the following: Aves, Ruminants, Non-Ruminants, <i>Mammalia</i> , <i>Pesca</i> , <i>Mollusca</i> , <i>Crustacea</i> , Invertebrates. | | |
| | Nature of commodity: | Enter a commodity chosen from the following list: 'apiculture by-products', 'blood products', 'blood', 'bloodmeal', 'digestion residues', 'digestive tract content', 'dog-chews', 'fishmeal', 'flavouring innards', 'gelatine', 'greaves', 'hides and skins', 'hydrolysed proteins', 'organic fertilisers', 'pet food', 'processed animal protein', 'processed pet food', 'raw pet food', 'rendered fats', 'compost', 'processed manure', 'fish oil', 'milk products', 'centrifuge or separator sludge from milk processing', 'dicalciumphosphate', 'tricalciumphosphate', 'collagen', 'egg products', 'serum of equidae', 'game trophies', 'wool', 'hair', pig bristles', 'feathers', 'animal by-products for processing', 'derived products'. | | |
| | Category: | Specify Categories 1, 2 or 3 materials. In case of Category 3 material, indicate the point of Article 10 of regulation (EC) No 1069/2009 that refers to the animal by-product concerned (e.g. Article 10(a), Article 10(b), etc.). In the case of Category 3 material for use in raw petfood indicate '3a', '3b(i)' or 3b(ii)' depending on whether the animal by-products are referred to in Article 10(a) or in Article 10(b)(i) or (ii) of Regulation (EC) No 1069/2009. In the case of hides and skins and products derived therefrom, indicate '3b(iii)' or '3(n)' depending on whether the animal by-products or derived products are referred to in Article 10 (b)(iii) or Article 10(n) of Regulation (EC) No 1069/2009. Where the consignment is made of more than one category, indicate the quantity and if applicable the number of containers per category of materials. | | |
| | Treatment type: | For treated hides and skins indicate the treatment: '(a)' for dried; '(b)' for dry-salted or wet-salted for at least 14 days prior to dispatch; '(c)' for salted for seven days in sea salt with the addition of 2% sodium carbonate. For Categories 1 and 2 materials describe the method of processing or transformation. Indicate the relevant processing method (choose a method form 1 to 5 referred to in Chapter III of Annex IV to regulation (EU) No 142/2011). For Category 3 materials and derived products from Category 3 material destined for use in feed: if appropriate describe the nature and the methods of the treatment. Indicate the relevant processing method (choose a method from 1 to 7 referred to in Chapter III of Annex IV to Regulation (EU) No 142/2011). | | |
| | Batch number: | Enter batch number or ear tag number, if applicable. | | |
| | Part II: | | | |
| | <i>The signature must be in a different colour to that of the printing.</i> | | | |
| | Signature | | | |
| | Done at | (place) | on..... | (date) |
| | | | | |
| | (signature of the responsible person/consignor) | | | |
| | (name, in capital letters) | | | |