



Bacteriology examination request form

Diagnostic Bacteriology Laboratory, Department of Infectious Diseases
and Microbiology (building 28), FVM VETUNI Brno

Opening hours: room 066 (basement); Mo-Fr 7:00-14:00

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MVDr. Papoušková, Ph.D.; MVDr. Vaibarová; Mgr. Sedlářová

Veterinarian:

phone:

e-mail:

Owner:

Payer (full billing adress):

Date of collection:

History (suspect diagnosis, previous therapy):

Required examinations:

Basic bacteriological: yes / no

Special bacteriological: anaerobic / microaerophilic / Salmonella / Campylobacter / other: _____

Mycological: yeasts / filamentous fungi

Antibiotic, antimycotic susceptibility testing: yes / no

PCR examination: Mycoplasma / Ureaplasma / Chlamydia / Leptospira / Salmonella

Urgent examination required: yes / no

Specimen ID (animals name, clinical number)	Animal species	Age	Type of specimen	Examination required (if different for each specimen)

Signature of Veterinarian: