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**
Tel.: **+420 54156-2294, 2283, 2278**; **+420 732 855 468**
MVDr. Papoušková, Ph.D.; MVDr. Vaibarová, Ph.D.; MVDr. Bajerová; 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: