

Tauros Diagnostik
Universität Bielefeld | Bio V
Universitätsstr. 25
D-33615 Bielefeld

Order
 I place the order with Tauros Diagnostik i.d. IIT GmbH for the following Analysis:

I confirm the payment of this order in favour of Tauros Diagnostik.

Sparkasse Bielefeld
 IBAN: DE55 4805 0161 0068 0202 54
 BIC: SPBIDE3BXXX

Please indicate „TS/TA DNA Sexing“ and your name in quoting reference field of your bank transfer form.

City/Date _____

Signature _____

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

Last Name: _____

Tel.: _____

First Name: _____

Fax: _____

Street: _____

e-mail: _____

Postcode: _____

City / Country: _____

Result notification: Fax Post e-mail

Species	Identification (Ringnumber)	Sexing	Circovirus- Infection (PBFD)	Polyomavirus- Infection (APV)	Chlamydia- Infection
1) _____	_____	<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"/>
3) _____	_____	<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"/>
5) _____	_____	<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"/>
7) _____	_____	<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"/>
9) _____	_____	<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"/>
11) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) _____	_____	<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: