

Tauros Diagnostik GbR
Niederwall 5
D-33602 Bielefeld

Order

I place the order with Tauros Diagnostik GbR for the following Analysis:

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

Sparkasse Bielefeld

IBAN: DE95 4805 0161 0000 0394 12

BIC: SPBIDE3BXXX

Please indicate 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: