



**Wissenschaftliche Einrichtung der
Medizinischen Fakultät der Universität zu
Köln**

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Date: _____

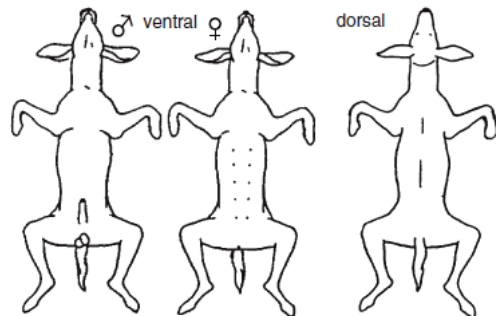
Submission Form:

LAB USE ONLY
Case number: _____ /
Accession date: _____

Project: _____
Your Internal Case/Reference No. _____
Species, Breed: _____ Age: _____ Sex: m / f
Sample date: _____ Tissues fixed in: Formalin Other: _____
Cause of death: _____ Time of death: _____

Genotype / Animal ID:

+/+	+/-	-/-



Preliminary diagnosis or rule-outs:

Bacteriology : _____ Mykology: _____
Parasitology: _____ Blood count: _____
Other: _____

Case history (Anamnesis) / Therapy:

Comments:

(Signature)