

**Request for  
Diagnostic  
Testing**

**Reptiles &  
Amphibians**

Testing laboratory accredited by the DAkkS according  
to DIN EN ISO/IEC 17025.



To:  
**IVD GmbH**  
**Innovative Veterinary Diagnostic Laboratory**  
Albert-Einstein-Str. 5 30926 Seelze-Letter  
**GERMANY**



Phone: + 49 (0)511-22 00 29-0 Fax: -99  
E-Mail: [service@ivd-gmbh.de](mailto:service@ivd-gmbh.de) <https://www.ivd-gmbh.de>

<b>Veterinarian / Sender:</b>	<b>Address of animal owner:</b>	<b>Other:</b>
Name	Name	Name
Street	Street	Street
City / Postal code	City / Postal code	City / Postal code
Country	Country	Country
Phone	Phone	Phone
Fax	Fax	Fax
E-Mail:	E-Mail:	E-Mail:
<b>Results to:</b> <input type="checkbox"/> Veterinarian <input type="checkbox"/> Animal owner <input type="checkbox"/> Others	<b>Invoice <u>only</u> to:</b> <input type="checkbox"/> Veterinarian / Sender      VAT Reg. No.:	

<b>Sampling date:</b>
<b>Genus / Species:</b>
<b>Type of housing:</b> <input type="checkbox"/> Terrarium <input type="checkbox"/> Outdoor <input type="checkbox"/> Solitary housing <input type="checkbox"/> Housing in Groups

<b>When housing in groups:</b> Number of animals:      Females:      Males:
Species:
<b>Last animal introduced:</b> Date:      Species:

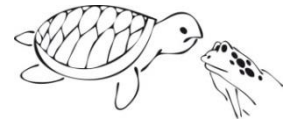
Sample No.	Name or animal ID	material*	sex(f/m)	age (d/m/y)
1				
2				
3				

\*swabs, urine, feces, organs, etc.. f: female, m: male, d: days, m: month, y: years

<b>Treatment</b>	<input type="checkbox"/> none	<input type="checkbox"/> antibiotics	<input type="checkbox"/> anthelminthic	<input type="checkbox"/> palliative
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Location and date	Signature of veterinarian / sender	Location and date
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The current price list is available on request. All services are subject to our General Terms and Conditions of Sale, which can be reviewed at <https://www.ivd-gmbh.de>  
Our privacy policy can be found at <https://www.ivd-gmbh.de/datenschutz>



### klinische Symptome / Vorbericht:

<b>Hibernation</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Duration of disease</b>	Hours:	Days:	Weeks:	Months:
<b>Nutritional status</b>	<input type="checkbox"/> very good	<input type="checkbox"/> Good	<input type="checkbox"/> Moderate	<input type="checkbox"/> <b>poor</b>
<b>Feed uptake</b>	<input type="checkbox"/> o.k.	<input type="checkbox"/> No appetite	<input type="checkbox"/> Vomiting	
<b>Defecation</b>	<input type="checkbox"/> o.k.	<input type="checkbox"/> Obstipation	<input type="checkbox"/> Diarrhoea	<input type="checkbox"/> Containing blood
<b>Seize / Weight</b>	Length:	cm:	Weight:	g:
<b>Carapax (Tortoise)</b>	<input type="checkbox"/> o.k.	<input type="checkbox"/> Alterations		
<b>Plastron (Tortoise)</b>	<input type="checkbox"/> o.k.	<input type="checkbox"/> Alterations		
<b>Skin</b>	<input type="checkbox"/> o.k.	<input type="checkbox"/> Alterations		
<b>Nostrils</b>	<input type="checkbox"/> o.k.	<input type="checkbox"/> Altered surface	<input type="checkbox"/> Discharge	<input type="checkbox"/> Purulent
<b>Oral cavity</b>	<input type="checkbox"/> o.k.	<input type="checkbox"/> Discharge	<input type="checkbox"/> Purulent	
<b>Oral mucosa</b>	<input type="checkbox"/> o.k.	<input type="checkbox"/> Anaemic	<input type="checkbox"/> Stomatitis	<input type="checkbox"/> Diphtheroid
<b>Eyes</b>	<input type="checkbox"/> o.k.	<input type="checkbox"/> Discharge	<input type="checkbox"/> Purulent	
<b>Eye lids</b>	<input type="checkbox"/> o.k.	<input type="checkbox"/> Clotted	<input type="checkbox"/> Swollen	
<b>Respiration</b>	<input type="checkbox"/> o.k.	<input type="checkbox"/> Dyspnoe		
<b>ZNS</b>	<input type="checkbox"/> o.k.	<input type="checkbox"/> Ataxia	<input type="checkbox"/> Spasms	<input type="checkbox"/> Desorientation
		<input type="checkbox"/> Torticollis	<input type="checkbox"/> Paralysis	<input type="checkbox"/> Disturbance of ballance

<b>Clinical (tentative) diagnosis:</b>	<input type="checkbox"/> <b>Health check</b>
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PCR tests for specific agents		
Aim of investigation:	Aim of investigation:	Aim of investigation:
<input type="checkbox"/> <i>Chlamydia</i>	Cloacal swab (dry), lung	Snakes, Turtles/Tortoises, Lizards
<input type="checkbox"/> „Amphibian Chytrid Fungus“ <i>Batrachochytrium dendrobatidis</i>	Skin swab (dry), skin	Frogs
<input type="checkbox"/> <i>Salmonella spec.</i>	feces	Snakes, Turtles/Tortoises, Lizards

**Comments:**

For information about suitable specimens for the detection of various agents see our website <https://www.ivd-gmbh.de> or call us (+49 511 220029-0).  
On our website you will also find a request form for suitable packaging material for samples.