

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>BESLAGNUMMER:</b><br><br><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin-right: 5px;">BE</span> <span style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></span> <span style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></span> <span style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></span> <span style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></span> <span style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></span> <span style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></span> <span style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></span> <span style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></span> <span style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></span> <span style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></span> <span style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></span> <span style="border: 1px solid black; width: 15px; height: 15px; display: inline-block;"></span> </div><br><b>EIGENAAR:</b><br>Naam: .....<br>Straat en nr.: .....<br>Postcode: ..... Gemeente: .....<br>E-mail: .....<br><br><b>DIERENARTS:</b> <input type="checkbox"/> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span><br>Stempel en ordenummer:<br><br>Handtekening: | <b>RESULTAAT</b> aan: <input type="checkbox"/> Dierenarts <input type="checkbox"/> Aanvrager<br><input type="checkbox"/> Eigenaar <input type="checkbox"/> Andere+<br><input type="checkbox"/> Project/contract:<br><b>FACTUUR</b> aan: <input type="checkbox"/> Dierenarts <input type="checkbox"/> Aanvrager<br><input type="checkbox"/> Eigenaar <input type="checkbox"/> Andere+<br><br>* Invullen indien 'Andere' aangekruist:<br><br>Naam: .....<br>Straat en nr.: .....<br>Postcode: ..... Gemeente: .....<br>BTW: ..... Fax: .....<br><br><b>NAAM EN HANDTEKENING AANVRAGER</b><br>(indien aanvrager ≠ bedrijfsdierenarts):<br>Naam: ..... |
| <b>DATUM MONSTERNAME *</b> : ...../...../..... (* = verplicht veld)<br><b>MONSTERNEMER:</b> <input type="checkbox"/> Dierenarts <input type="checkbox"/> DGZ <input type="checkbox"/> Andere.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Gepaarde sera      Pre-serum:...../...../.....      Post-serum:...../...../.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

## DIERSOORT / TYPE / CATEGORIE:

- |                                        |                                      |                                 |
|----------------------------------------|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Alpaca        | <input type="checkbox"/> Foetus      | <input type="checkbox"/> Merrie |
| <input type="checkbox"/> Lama          | <input type="checkbox"/> Doodgeboren | <input type="checkbox"/> Hengst |
| <input type="checkbox"/> Andere: ..... | <input type="checkbox"/> Cria        |                                 |

Chipnummer: .....

Naam: ..... Leeftijd: .....

| MONSTERS                            | aantal |                                                       | aantal |                                              | aantal |                                                          | aantal |
|-------------------------------------|--------|-------------------------------------------------------|--------|----------------------------------------------|--------|----------------------------------------------------------|--------|
| <input type="checkbox"/> Kadaver    | .....  | <input type="checkbox"/> Orgaan (vers): specificeer   | .....  | <input type="checkbox"/> Ongestold bloed     | .....  | <input type="checkbox"/> Urine                           | .....  |
| <input type="checkbox"/> Foetus     | .....  | <input type="checkbox"/> Orgaan (formol): specificeer | .....  | <input type="checkbox"/> Gestold bloed/serum | .....  | <input type="checkbox"/> Sperma                          | .....  |
| <input type="checkbox"/> Nageboorte | .....  | <input type="checkbox"/> Swab: monsternamplaats:      | .....  | <input type="checkbox"/> Mest individueel    | .....  | <input type="checkbox"/> Huid/afkrabsel                  | .....  |
| <input type="checkbox"/> BAL        | .....  | <input type="checkbox"/> Andere:                      | .....  | <input type="checkbox"/> Mengmest            | .....  | <input type="checkbox"/> Voeder/grondstof <sup>(1)</sup> | .....  |

<sup>(1)</sup>Zie specifiek aanvraagformulier op [www.dgz.be/formulier](http://www.dgz.be/formulier)

## REDEN ONDERZOEK \* (\* = verplicht veld)

- ☐ Diagnostiek
- ☐ Project/technische fiche: .....
- ☐ Andere: .....

## VAK VOORBEHOUDEN AAN HET LABORATORIUM

Ontvangst:      Wijze ontvangst:

- |                                  |                                          |
|----------------------------------|------------------------------------------|
| <input type="checkbox"/> Torhout | <input type="checkbox"/> receptie/loket  |
| <input type="checkbox"/> Lier    | <input type="checkbox"/> ophaaldienst    |
|                                  | <input type="checkbox"/> nachtkluis      |
|                                  | <input type="checkbox"/> post            |
|                                  | <input type="checkbox"/> externe koerier |

Datum + initialen: ...../...../.....

AC: ...../...../.....

LIMS DOSSIERNR(S):

paraaf:

TC: ...../...../.....

paraaf:

# AANVRAAG PATHOLOGISCH ONDERZOEK

## TOELATING TOT VERVOER VAN (EEN) KADAVR(S) OF DELEN ERVAN NAAR EEN LABORATORIUM (EUROPESE VERORDENING 1069/2009)

De verantwoordelijke of zijn gemachtigde (naam en adres) .....  
 heeft de toelating het (de) beschreven kadaver(s) of delen er van te vervoeren naar het aangeduide laboratorium (indien rund: met paspoort)  
 Datum vervoer: ...../...../..... Handtekening dierenarts .....

### SYMPTOMEN

- |                                                   |                                                            |                                           |                                                                |
|---------------------------------------------------|------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Ademhalingsproblemen     | <input type="checkbox"/> Zenuwsymptomen                    | <input type="checkbox"/> Acute sterfte    | <input type="checkbox"/> Vaccinaties: .....                    |
| <input type="checkbox"/> Spijsverteringsproblemen | <input type="checkbox"/> Bewegingsstoornissen              | <input type="checkbox"/> Koorts           | <input type="checkbox"/> Behandeling antibiotica: .....        |
| <input type="checkbox"/> Vruchtbaarheidsproblemen | <input type="checkbox"/> Verminderde technische prestaties | <input type="checkbox"/> Sterfte in reeks | <input type="checkbox"/> Behandeling ontstekingsremmers: ..... |

### Anamnese / Opmerkingen:

### ONDERZOEKEN EN PAKKETTEN IN HET KADER VAN EEN AUTOPSIE (KADAVR)

- ☐ Autopsie (incl. histologie)  
☐ Fotoreeks

### ONDERZOEKSPAKKETTEN NIET IN COMBINATIE MET AUTOPSIE (ORGANEN EN ANDERE)

| ONDERZOEKSPAKKETTEN                                 | testen                                                      |                                                                               | matrix                                                                             | monsternr                                 |
|-----------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Ademhaling                 | PCR 7 AH + aer. cult.                                       | <input type="checkbox"/> individueel<br><input type="checkbox"/> pool (max 5) | BAL, min 2 swabs<br>per dier /long<br>min 10g mest<br>min 50g mest<br>min 50g mest | .....<br>.....<br>.....<br>.....<br>..... |
| <input type="checkbox"/> Spijsvertering (<2w)       | tetrakit + aer. cult.                                       |                                                                               |                                                                                    | .....                                     |
| <input type="checkbox"/> Spijsvertering (2w – 2mnd) | tetrakit + flotatie EPG/OPG + Giardia Ag ELISA + aer. cult. |                                                                               |                                                                                    | .....                                     |
| <input type="checkbox"/> Spijsvertering (>2mnd)     | flotatie EPG/OPG + Giardia Ag ELISA + aer. cult.            |                                                                               |                                                                                    | .....                                     |

### BIOCHEMIEPAKKETTEN

|                                                     |                                                                                                                                             |                         |           |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------|
| <input type="checkbox"/> Algemeen bloedonderzoek    | hematologie <sup>(4)</sup> + elektroforese <sup>(3)</sup> + totaal eiwit + Ca + GGT + AST + LDH + AF + bilirubine + ureum + CK + creatinine | serum + ongestold bloed | monsternr |
| <input type="checkbox"/> Controle immuunstatus cria | elektroforese <sup>(3)</sup> incl. totaal eiwit                                                                                             | serum cria              | .....     |

### AANVRAAG LABORATORIUMONDERZOEKEN

### VOORZIE STEEDS ÉÉN SWAB PER ANALYSE

| BACTERIOLOGIE                                             | test                    | matrix                 | monsternr |
|-----------------------------------------------------------|-------------------------|------------------------|-----------|
| <input type="checkbox"/> Aerobe kiemen (standaard)        | cultuur + id. MALDI-TOF | orgaan/swab/mest/BAL   | .....     |
| <input type="checkbox"/> Anaerobe kiemen                  | cultuur + id. MALDI-TOF | orgaan/swab/mest       | .....     |
| <input type="checkbox"/> Brucella sp.                     | cultuur / kleuring      | nageboorte/foetus      | .....     |
| <input type="checkbox"/> Gisten en schimmels              | cultuur                 | orgaan/swab            | .....     |
| <input type="checkbox"/> Huidschimmel                     | cultuur + identificatie | haar/korsten/afkrabsel | .....     |
| <input type="checkbox"/> Listeria monocytogenes           | cultuur                 | orgaan/swab            | .....     |
| <input type="checkbox"/> Mycobacterium bovis (TBC)        | kleuring                | orgaan                 | .....     |
| <input type="checkbox"/> Mycoplasma sp.                   | cultuur                 | orgaan/swab/BAL        | .....     |
| <input type="checkbox"/> Paratuberculose                  | kleuring                | mest                   | .....     |
| <input type="checkbox"/> Salmonella sp.                   | cultuur + id. MALDI-TOF | orgaan/swab/mest       | .....     |
| <input type="checkbox"/> Yersinia sp.                     | cultuur                 | orgaan/swab/mest       | .....     |
| <input type="checkbox"/> Andere: .....                    | cultuur                 | .....                  | .....     |
| <input type="checkbox"/> Kiemtellingen: specificeer ..... | telling                 | .....                  | .....     |

### GEVOELIGHEIDSBEPALINGEN

|                                                                  | test             | monsternr |
|------------------------------------------------------------------|------------------|-----------|
| <input type="checkbox"/> Geen antibiogram                        |                  | .....     |
| <input type="checkbox"/> Standaard antibiogram (indien relevant) | disk<br>diffusie | .....     |
| <input type="checkbox"/> Colistine                               | E-test           | .....     |
| <input type="checkbox"/> Enrofloxacin                            | E-test           | .....     |
| <input type="checkbox"/> Florfenicol                             | E-test           | .....     |

### EXTRA ANALYSES OP KIEMEN

- ☐ genotypering: specificeer .....
- ☐ serotypering: specificeer .....
- ☐ pathotypering: specificeer .....
- ☐ bewaring stam: .....
- ☐ autovaccin: Zie specifiek aanvraagformulier voor autovaccins  
<https://www.dgz.be/formulieren/aanvraag-autovaccins>

### PARASITOLOGIE

|                     | test                                      | matrix         | monsternr |
|---------------------|-------------------------------------------|----------------|-----------|
| Cryptosporidium     | <input type="checkbox"/> kleuring         | mest           | .....     |
| Ectoparasieten      | <input type="checkbox"/> rechtstreeks     | afkrabsel/huid | .....     |
| Giardia             | <input type="checkbox"/> ELISA            | mest           | .....     |
| Longwormen          | <input type="checkbox"/> baermann methode | mest           | .....     |
| Oöcysten/wormeieren | EPG + differentiatie                      | mest           | .....     |
|                     | EPG/OPG + differentiatie                  | mest           | .....     |

| PCR / ANTIGEENDETECTIE                                                                                                                         | test                                                    | matrix                           | monsternr |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------|-----------|
| Abortus-kit ( <i>Leptospira</i> sp., <i>Chlamydia</i> sp., <i>A. phagocytophilum</i> )                                                         | <input type="checkbox"/> PCR individueel                | swab (lebmaagvocht/cotyledone)   | .....     |
| Anaplasma phagocytophilum                                                                                                                      | <input type="checkbox"/> PCR individueel                | ongestold bloed/milt/teken       | .....     |
| Blauwtong (BTV)                                                                                                                                | <input type="checkbox"/> PCR individueel                | ongestold bloed                  | .....     |
| BVDV                                                                                                                                           | <input type="checkbox"/> ELISA individueel              | orgaan/bloed/serum               | .....     |
|                                                                                                                                                | <input type="checkbox"/> PCR individueel                | orgaan/bloed/serum/tankmelk      | .....     |
|                                                                                                                                                | <input type="checkbox"/> PCR pool (max 20)              | bloed/serum/tankmelk (min 50 ml) | .....     |
| Chlamydia – Chlamydomphila spp.                                                                                                                | <input type="checkbox"/> PCR individueel                | placenta/foetus/melk             | .....     |
| Chlamydia psittaci                                                                                                                             | <input type="checkbox"/> PCR individueel                | swab/BAL                         | .....     |
| Equiene herpesvirus type 1                                                                                                                     | <input type="checkbox"/> PCR individueel <sup>(2)</sup> | orgaan                           | .....     |
| Influenza type A                                                                                                                               | <input type="checkbox"/> PCR individueel                | orgaan                           | .....     |
| Leptospira sp.                                                                                                                                 | <input type="checkbox"/> PCR individueel                | orgaan/urine/bloed/serum/water   | .....     |
| Mycoplasma haemolamae                                                                                                                          | <input type="checkbox"/> PCR individueel                | orgaan                           | .....     |
| Paratuberculose                                                                                                                                | <input type="checkbox"/> PCR individueel                | mest                             | .....     |
|                                                                                                                                                | <input type="checkbox"/> PCR pool (max 2)               | mest                             | .....     |
| PathoSense                                                                                                                                     | <input type="checkbox"/> pathogeendetectie + id.        | swab testkit thv letsel          | .....     |
| Rhodococcus equi                                                                                                                               | <input type="checkbox"/> PCR individueel <sup>(2)</sup> | orgaan                           | .....     |
| Salmonella                                                                                                                                     | <input type="checkbox"/> PCR individueel                | swab/mest                        | .....     |
| Streptococcus equi sp. equi                                                                                                                    | <input type="checkbox"/> PCR individueel <sup>(2)</sup> | orgaan                           | .....     |
| Streptococcus equi sp. zooëpidemicus                                                                                                           | <input type="checkbox"/> PCR individueel <sup>(2)</sup> | orgaan                           | .....     |
| Tetrakit ( <i>rotavirus</i> + <i>coronavirus</i> + <i>E. coli</i> K99 + <i>cryptosporidium</i> )                                               | <input type="checkbox"/> ELISA                          | individueel mest                 | .....     |
| Toxoplasma gondii                                                                                                                              | <input type="checkbox"/> PCR individueel                | placenta/spier/hersenen          | .....     |
| 16S-sequencing                                                                                                                                 | <input type="checkbox"/> Sequencing                     | orgaan/mest/speeksel             | .....     |
| 7 AH pathogenen ( <i>M. haemolytica</i> , <i>P. multocida</i> , <i>H. somni</i> , <i>M. bovis</i> , <i>corona</i> , <i>PI3</i> , <i>BRSV</i> ) | <input type="checkbox"/> PCR individueel                | BAL, long                        | .....     |
|                                                                                                                                                | <input type="checkbox"/> PCR pool (max 5)               | swabs neus-trachea/BAL           | .....     |

| ANTISTOFDETECTIE (MATRIX SERUM) | test                           | monsternr | test                   | monsternr                      |
|---------------------------------|--------------------------------|-----------|------------------------|--------------------------------|
| Brucella sp.                    | <input type="checkbox"/> MAT   | .....     | IBR gB                 | <input type="checkbox"/> ELISA |
| BVDV                            | <input type="checkbox"/> ELISA | .....     | Leucose                | <input type="checkbox"/> ELISA |
| IBR gE                          | <input type="checkbox"/> ELISA | .....     | Mannheimia haemolytica | <input type="checkbox"/> ELISA |

| KLINISCHE BIOCHEMIE                        |           |                                                       |           |                                                     |                                                    |
|--------------------------------------------|-----------|-------------------------------------------------------|-----------|-----------------------------------------------------|----------------------------------------------------|
| MATRIX SERUM                               | monsternr | monsternr                                             | monsternr | MATRIX URINE                                        | monsternr                                          |
| <input type="checkbox"/> AF                | .....     | <input type="checkbox"/> Cu                           | .....     | <input type="checkbox"/> Pepsinogeen                | .....                                              |
| <input type="checkbox"/> Albumine          | .....     | <input type="checkbox"/> Elektroforese <sup>(3)</sup> | .....     | <input type="checkbox"/> Selenium                   | .....                                              |
| <input type="checkbox"/> ALT/GPT           | .....     | <input type="checkbox"/> Fe                           | .....     | <input type="checkbox"/> Totaal bilirubine          | .....                                              |
| <input type="checkbox"/> AST/GOT           | .....     | <input type="checkbox"/> GGT                          | .....     | <input type="checkbox"/> Totaal eiwit               | .....                                              |
| <input type="checkbox"/> Beta-caroteen     | .....     | <input type="checkbox"/> Jodium                       | .....     | <input type="checkbox"/> Ureum                      | .....                                              |
| <input type="checkbox"/> Beta-OH-boterzuur | .....     | <input type="checkbox"/> K                            | .....     | <input type="checkbox"/> Vitamine E                 | .....                                              |
| <input type="checkbox"/> Ca                | .....     | <input type="checkbox"/> LDH                          | .....     | <input type="checkbox"/> Zink                       | .....                                              |
| <input type="checkbox"/> Cholesterol       | .....     | <input type="checkbox"/> Mg                           | .....     | <b>MATRIX ONGESTOLD BLOED</b>                       | <input type="checkbox"/> Strip test <sup>(5)</sup> |
| <input type="checkbox"/> Cl                | .....     | <input type="checkbox"/> Na                           | .....     | <input type="checkbox"/> Glucose (NaF)              | .....                                              |
| <input type="checkbox"/> Creatine kinase   | .....     | <input type="checkbox"/> NEFA's                       | .....     | <input type="checkbox"/> Hematologie <sup>(4)</sup> | .....                                              |
| <input type="checkbox"/> Creatinine        | .....     | <input type="checkbox"/> P                            | .....     |                                                     |                                                    |

| OVERIGE                                                                                         | matrix                                                                 | monsternr                        |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------|
| <input type="checkbox"/> Histologie                                                             | organen (bewaard op formol)                                            | .....                            |
| <input type="checkbox"/> Sperma onderzoek ( <i>beweeglijkheid, concentratie en morfologie</i> ) | sperma                                                                 | .....                            |
| Toxicologie                                                                                     | <input type="checkbox"/> botulisme toxine <sup>(2)</sup>               | lever/nier/gestold bloed/mest    |
|                                                                                                 | <input type="checkbox"/> clostridium perfringens toxine <sup>(2)</sup> | mest                             |
|                                                                                                 | <input type="checkbox"/> mycotoxines <sup>(2)</sup> :specifieer .....  | voeder/maaginhoud/lever/gal/melk |
| Aanmaak wrattenvaccin                                                                           | <input type="checkbox"/> .....                                         | letsels (min 20g/dier)           |

<sup>(1)</sup> zie specifiek aanvraagformulier op [www.dgz.be/formulier](http://www.dgz.be/formulier)

<sup>(2)</sup> wordt niet door DGZ zelf uitgevoerd

<sup>(3)</sup> albumine, globuline, α- β- γ globuline, albumine/globuline ratio, totaal eiwit

<sup>(4)</sup> CBC + formule

<sup>(5)</sup> bilirubine, glucose, hemoglobine, ketonen, urobilinogeen, nitriet, pH, eiwit, WBC