



## OVINE SAMPLING AND SUBMISSION FORM Must be completed in CAPITAL LETTERS and send with the sample box.

Internal ref.:	
Your contract:	

Sender of the sample	Veterinarian
First Name :	First Name :
Last Name :	Last Name:
Address :	Address :
Zip Code : City :	Zip Code : City :
Country: VAT:	Country : VAT:
Phone: Fax:	Phone Fax :
Email:	Email:@
Herewith I confirm that the submission form has been filled out correctly	Herewith I confirm that the submission form has been filled out correctly
and that I have accepted the General Conditions.	City:
City: Date:	
Signature:	Signature :
Sending of the report	Sending of the invoice
☐ To the veterinarian ☐ To the sender	☐ To the veterinarian ☐ To the sender
Analyses	
☐ Scrapie ☐ Booroola ☐ Spider	
Name Breed Iden	ntification Birth date Sex

Name	Breed	Identification number	Birth date	Sex
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## Samples are shipping at the following address:

## Progenus s.a.

2 rue des Praules, 5030 Gembloux, Belgium

Phone: +32-(081)-616901 Fax: +32-(081)-601723

Email: info@progenus.be

Payment must be done by bank deposit:

ING, Avenue de Namur 82, 5030 Gembloux, Belgium

Bank account: 360-1026145-85

IBAN: BE89360102614585

**SWIFT(BIC):** BBRUBEBB