

REQUEST FOR POLYMERASE CHAIN REACTION (PCR) ANALYSIS



Company: _____ Date: _____

E-mail: _____

Phone/WhatsApp: _____

Responsible for sending samples: _____

Responsible for receiving results: _____

Sample identification (as will be presented in the results report): _____

IMPORTANT

1) For FTA Card, inform the clinical specimen applied (tissue, organ, secretion, etc.), marking the position in the halos where the application was carried out.

2) The minimum sample quantity is 50g

3) Finally indicate whether you want to associate sequencing studies with the analyses.

Clinical sample - flour / organ/ secretion/etc: _____

☐ Is it a pool of samples (Yes or No) - Enter the number of samples per test (report): _____

☐ Is it an FTA Card (Yes or No) ☐ Process in pool (Yes or No)

☐ Urgency (Yes or No), with a period of up to 3 business days to release the result and a 100% rate on the analysis value.

☐ Apply (Yes or No) sequencing study? Indicate related samples, from the same origin, to compose the same report: _____

Origin of samples (country/region/state): _____

Inform the vaccines used and the clinical history of the batch(s) to optimize the interpretation of results: _____

Other observations: _____

| Mark with "X" | MODALITY |
|--------------------------|---|
| <input type="checkbox"/> | bov - DNA detection of bovine origin by PCR |
| <input type="checkbox"/> | gap - Chicken DNA detection by PCR |
| <input type="checkbox"/> | ovi - DNA detection of sheep origin by PCR |
| <input type="checkbox"/> | sui - Swine DNA Detection by PCR |