

SAMPLE SUBMISSION FORM

V-CARE
Biomedical

Case Reference

Laboratory Reference

Practice address

first name/ surname

street

ZIP-code / city

country

telephone number

Owner details

first name / surname

street

ZIP-code / city

country

Patient details

name

animal species

breed

pass - number

microship - number

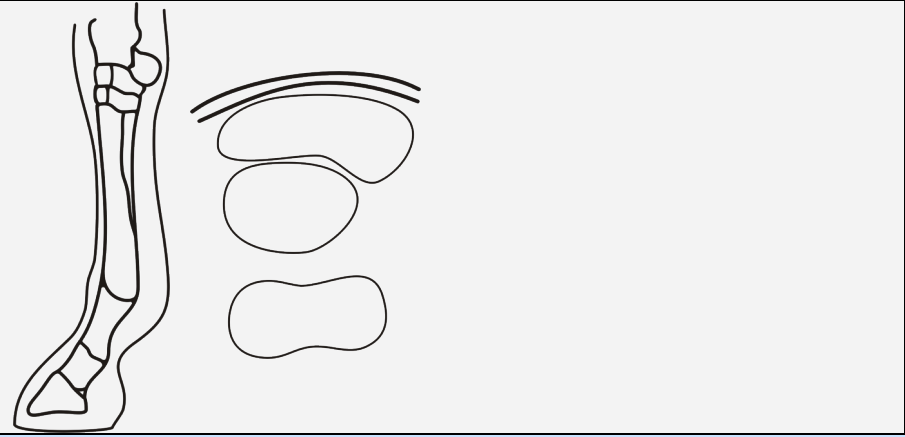
day of birth

sex

color

use

kind of disease
time of injury



actual condition
(infections, stress)

Details of medication
administered during
the past 14 days.

Use of corticosteroids within 14 days of aspiration / implantation may compromise outcome and should be avoided.

cryo-storage of cells^{*2}

Yes^{*1}

^{*1} Please provide the complete owner data

No

^{*2} The customer receives a certificate about the storage of the sample separately. The certificate indicates the storage number, the entry date of the horses' data. With the cryopreservation of cells is included in the initial handling fee of 850 €, 250 € will be charged for any additional processing and delivery of cryopreserved cells. Until this time, the fee for storage of cells is included.

signature of the owner: _____

Number of Cells Required

10m cells (standard)

20m cells

30m cells

The required number of cells depends on the size and number of injuries, and their localization.

Invoice recipient

veterinary surgeon

owner^{*1}

signature of the owner required

^{*1} Please provide the complete owner data

sales tax identification
number

date: _____

signature of veterinary surgeon: _____

V-Care Biomedical GmbH
Deutscher Platz 5 b
04103 Leipzig
www-v-care-biomedical.com

Telefon: +49 (0) 341 46367920
Telefax: +49 (0) 341 46367921
Mobil: +49 (0) 171 3033312
info@v-care-biomedical.com