SEVARON PORADENSTVÍ s.r.o.,
Diagnostická laboratoř

# Request for laboratory examination – birds
# sex determination + viruses

**OWNER (owner, breeder, veterinarian)**

**Name:**_____

**Address:** _____

_____

**IN:** _____ **TIN:**_____

**PAYER (owner, breeder, veterinarian)**

**Name:**_____

**Address:** _____

_____

**IN:** _____ **TIN:**_____

**WRITE THE OWNER/PAYER IN BLOCK LETTERS OR STAMP**

❒ owner agrees to all specified examinations and thus undertakes to pay for them
❒ payer agrees to all specified examinations and thus undertakes to pay for them
❒ owner or payer agrees to external examinations and thereby undertakes to pay for them.

❒ SEVARON CONSULTANCY s.r.o., Company IČO: 25571214, with its registered office at Palacký Avenue 163a, 612 00 Brno and the undersigned owner concluded this personal data processing agreement on that date pursuant to Article 28(2) of the Basic Regulation. 3 Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of individuals with regard to the processing and free movement of personal data and the repeal of Directive 95/46/EC (General Data Protection Regulation)

❒ **The sponsor of the examination shall be RESPONSIBLE FOR sampling and their authenticity !**

**Date / signature: _____**

**CLIENT (OWNER, BREEDER, VETERINARIAN, CLINIC)_____**

**Name, address: _____**

**E-mail: _____ Phone: _____**

❒ **The sponsor of the examination is RESPONSIBLE for taking samples and their authenticity!**

**Signature: _____**

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**SAMPLES TAKEN (owner, breeder, veterinarian**

**Name, address: _____**

**Date of collection: _____ Signature: _____**

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**Send the result:**
❒ **owner:** ❒ E-mail ❒ post
❒ **veterinarian:** ❒ E-mail ❒ post
❒ **ohter:** ❒ E-mail_____ ❒ post

**Send the invoice:**
❒ **owner:** ❒ E-mail ❒ post
❒ **other:** ❒ E-mail_____ ❒ post

**Animal species:**
❒ parrot ❒ other.....

**Type of sample:** ❒ beak swab ❒ blood ❒ feather

| Samp. Numb. | Species / color mutation | Ring number | Write the required examination * |
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***sex determination** (**by orders**: parrots (Psittaciformes), birds of prey (Falconiformes), pigeons and doves (Columbiformes), perching birds (Passeriformes), owls (Strigiformes) (DNA), **viruses** (PBFD, APV, Bornavirus), **Chlamydie, Mycoplasma, Ureaplasma**

THE LABORATORY IS NOT RESPONSIBLE FOR ERRONEOUS RESULTS CAUSED BY SENDING UNSUITABLE MATERIAL, INCORRECT COLLECTION, CONTAMINATION OR CONFUSION OF SAMPLES BY THE OWNER OF EXAMINED INDIVIDUALS.

**Send the request form with samples to:**

**SEVARON PORADENSTVÍ, s.r.o., Blanenská 12b, 664 34 KUŘIM**
**mobil: 777 714 157, 603 420 697**

# Request for laboratory examination to determine sex – birds

## Package subscription

**Owner, contracting authority, payer**

**Name:**_____

**Adress:**_____

_____

**E-mail:** _____

**Telephone:** _____

**WWW:** _____

**IČO:** _____ **DIČ:**_____

**WRITE THE OWNER/PAYER IN BLOCK LETTERS OR STAMP**

❒ owner agrees to all specified examinations and thus undertakes to pay for them
❒ payer agrees to all specified examinations and thus undertakes to pay for them

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❒ **The sponsor of the examination shall be RESPONSIBLE FOR sampling and their authenticity !**

**Date / signature:** _____

## Subscription package for determining the sex of birds at:

- ❒ **10 samples**
- ❒ **20 samples**
- ❒ **30 samples**
- ❒ **50 samples**
- ❒ **70 samples**
- ❒ **100 samples**

**Date / signature:** _____

THE OWNER, CONTRACTING AUTHORITY, PAYER AGREES TO PAY FOR THE PACKAGE AND SIGNATURE. THE MONEY FOR THE PAID PACKAGE DOES NOT REFUND IF THE SELECTED NUMBER OF SAMPLES IS NOT USED.

**The package is not limited in time, it is valid until the selected number of samples is used up.**

**Send the sample requisition to:**
**SEVARON PORADENSTVÍ s.r.o., Blanenská 12b, 664 34 Kuřim**
**Phone: + 420 776 034 166; + 420 777 714 157**