Appendix 1

CASE REPORT FORM

VETERINARIAN's Name (Capital letters):	OWNER's Name :
	Post Code :
	City:
Signatuře:	City .
CATTLE: □ Dairy □ Beef □ Calf	□ Veal Calf
SWINE: ☐ Sow ☐ Piglets (BW <15 kg) ☐ Weaner (15 - 40 kg) ☐ Fattening píg	
POULTRY: ☐ Layer ☐ Broiler ☐ Breeder ElTurkey	
IDENTIFICATION: Name or number: Age:	
Breed:	
HERD/FLOCK size (number of animals):	
CLINICAL SIGNS: Diarrhoea ☐ Respirátory ☐ Mastitis ☐ Metritis ☐ Septicaemía ☐ Lameness ☐	
SAMPLING OCCASION: Animal that was not treated with antibiotics 15 (21 for mastitis) days prior to sampling: Yes □ No □	
Live animal ☐ At necropsy □	1
Nasopharyngeal Swab □	Nasal swab □
Bronchoalveolar lavage □	Faeces sample □
Lung (or Air Sac) □	Faecal swab O
Milk sample □	Uterine swab □
Urine sample □	Intestines □
Other (please specify):	
PATE OF OUTBREAK :/20_ *(if applicable)	
PATE OF SAMPLING:/20_	
OTHER COMMENTS:	
To be completed by the veterinarian and sent with the sample	e to the laboratory selected
Laboratory Name :	Laboratory N° of Sample :
_Signátuře:	
STRAIN ISOLATED (genus species): Serotyping (Optional)	Library Sample □