**Order: Loaded Breeding**

|  |  |  |
| --- | --- | --- |
| **customer** | ext. Invoice No.: | ext. Invoice No. |
| customer ID | customer ID | **differing billing address** |
| company/institute | company/institute | company/institute |
| department | department | department |
| street, no. | street, no. | street, no. |
| ZIP, location | ZIP, location | ZIP, location |
| contact person | contact person | contact person |
| phone | phone | phone |
| e-mail | e-mail | e-mail |

|  |  |
| --- | --- |
| type | **live animals** |

|  |  |  |
| --- | --- | --- |
| **line** | | |
| official notation of the line | official notation of the line | |
| short term\* | short term | |
| genetic background | genetic background | optional |
| duration  (max. until 30.06.2025) | duration | optional |

\* The labelling of the transport boxes must be identical to the short term given here.

|  |  |  |
| --- | --- | --- |
| load assessment of offspring | Yes | No |
| estimated number of offspring | estimated number of offspring | |
| contact person, phone | contact person | phone |
| genotyping | Yes | No |

**Required forms:**

GVO-document, filled form G19-15-097, load assessment, health certificate, marking scheme

|  |  |  |  |
| --- | --- | --- | --- |
| completed on | date | by | name, surname |

This form is processed digitally. A personal signature is therefore not necessary, it is sufficient to enter the full name.

By submitting the order, I confirm that I have read the AGB and the Privacy Policy of mfd Diagnostics GmbH and further that Iam authorised by the customer indicated above to initiate orders with costs.

|  |  |
| --- | --- |
| **Wird von mfd ausgefüllt** | |
| Auftragsnummer | Auftragsnummer |
| Bemerkungen | Bemerkungen |
| Lieferdatum | Lieferdatum |
| Bearbeiter | Bearbeiter |