



# AUTOGENOUS VACCINE POULTRY



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## ORDER FORM

Please send by email or fax

### VETERINARY PRACTICE/CUSTOMER

Name

Street

Postcode/City

Phone number

### FARM

Print farm address on the label

Name

Street

Postcode/City

House/Specials/Label

### DIFFERING SHIPPING ADDRESS

### DIFFERING BILLING ADDRESS

Order confirmation by  E-mail .....  Fax .....

### VACCINE

Animal species:

Chicken  Turkey  Goose  Duck

Number of doses:

..... ID

Dose volume:

0,5 ml  ..... ml

Surplus production will be purchased.

Surplus production shall not be included.

Adjuvant:

Oil

Selection pathogen/isolate/article number:

.....

Composition as batch: 44- ..... Desired delivery date: .....

Comments:

With my signature I confirm that a sufficiently effective registered or otherwise authorised vaccine for the indication in the above mentioned livestock is not available. By submitting the materials or the order of the vaccine, I confirm that the used strains and the animals vaccinated with the batch manufactured from these strains are part of the same epidemiological unit. Furthermore, I confirm that I accept the terms and conditions of VaxxinoVA Autogenous Vaccines GmbH for the production of autogenous (farm-specific) vaccines, as listed under [www.vaxxinoVA.de](http://www.vaxxinoVA.de).

Place, date

Signature