CÓDIGO DE REGISTRO:\_\_\_\_\_\_\_\_

CLIENTE: HV/UFG ( )Externo ( ) (Preenchimento exclusivo do Laboratório)

# UNIVERSIDADE FEDERAL DE GOIÁS

# ESCOLA DE VETERINÁRIA E ZOOTECNIA

# DEPARTAMENTO DE MEDICINA VETERINÁRIA

# SETOR DE MEDICINA VETERINÁRIA PREVENTIVA

 LABORATÓRIOS DE BACTERIOLOGIA E LEPTOSPIROSE

**FICHA PARA REQUISIÇÃO DE EXAMES NOS LABORATÓRIOS DE BACTERIOLOGIA E LEPTOSPIROSE**

**DADOS DO PROPRIETÁRIO**

Nome:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Endereço:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telefone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DADOS DO ANIMAL**

Nome:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Espécie:\_\_\_\_\_\_\_\_\_\_\_\_ Idade:\_\_\_\_\_\_\_\_\_\_ Sexo:\_\_\_\_\_\_\_\_\_\_\_ Raça:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Animal vacinado? ( )Sim ( )Não

Qual(is) vacina(s)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DADOS DA PROPRIEDADE**

Nome:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Município:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Número de animais:\_\_\_\_\_\_\_\_\_\_\_ Espécie: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tipo de exploração:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DADOS DA AMOSTRA**

# Responsável pela coleta:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Data da coleta: \_\_\_\_\_\_\_\_\_\_\_Horário da coleta: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Data do envio:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Horário da envio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tipo de Amostra (sangue total, soro, tecido, swab, leite, fezes, outros):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SERVIÇOS SOLICITADOS**:

|  |  |
| --- | --- |
| **Descrição**  | **Quantidade**  |
| Cultura bacteriológica  |   |
| Cultura e antibiograma – 1 a 5  |   |
| Cultura e antibiograma – Acima de 5  |   |
| Exposição de placas (1 placa)  |   |
| Diagnóstico Anatomopatológico de Aves – Até 6 aves  |   |
| Pesquisa de Salmonella  |   |
| Sorologia para Leptospirose  |   |
| Produção de vacina contra papilomatose (frasco de 25mL)  |   |

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Avenida Esperança, s/n, Campus Universitário preventivaufg@gmail.com

CEP 74690-900 - Goiânia, Goiás, Brasil website: www.evz.ufg.br

**Histórico:**

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 **Lesões macroscópicas (no caso de necropsia):**

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**Suspeita(s) clínica(s):**

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**DADOS DO REQUISITANTE**

# Nome: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CRMV: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Endereço: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telefone(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recebido por: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Data: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Condições da amostra: ( ) Adequada ( )Inadequada Obs.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Data prevista para entrega: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pagamento: Hospital - UFG ( ) Depósito bancário ( ) Dinheiro ( ) Obs.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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