General
Submission form

Create submissions online:
lab.movet.fi

Movet • Bioteknia 1, Neulaniementie 2 • 70210 Kuopio
050 502 0770 • info@movet.fi • www.movet.fi

LABORATORIOPALVELUT MOVET

Client

Name_____ Email_____
Address_____ Postal code_____City/province_____
VAT-number_____ Tel._____

Owner

Name_____ Email_____
Address_____ Postal code_____City/province_____
VAT-number_____ Tel._____

Invoice to ☐ Client ☐ Owner* **Payers VAT-number/social number (mandatory):** _____

* If Movet invoices the owner directly, the sender of the samples is responsible for ensuring that the owner has been informed and that the invoicing information is correct. The invoice will be sent by email (alternatively by post) and at the consumer price list. An additional 5 e (incl. VAT) will be added to the total invoice amount for office charges.

Sample

Sample date_____ Sample type_____

Animal

Name_____ Species_____ Breed_____
Reg.no._____ Microchip no.|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
Sex ☐ Female ☐ Male ☐ Spayed/neutered DOB (DD.MM.YYYY)_____

Requested tests (test code or test name)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Sender's comments

Stamp and signature of the vetenarian/sample collector