



BattLab

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REQUEST FOR AN ORAL VACCINE TO TREAT DIARRHOEA

PRACTICE ADDRESS	OWNER AND ANIMAL DETAILS	LABORATORY USE ONLY
Vet Surgeon: Practice: Address: Postcode: Communicate by: <input type="checkbox"/> Tel: <input type="checkbox"/> Fax: <input type="checkbox"/> email:	Owner's name: Animal's name /ID: Practice ref: Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat Breed: Age: Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Neutered Date of sampling: Previous lab ref:	Ref no: Sample: Date received:

I enclose a faecal sample and Veterinary Prescription for the above animal. Can you please prepare a customised oral autologous *E.coli* vaccine and send the vaccine to the practice address given above.