

| | | |
|---|--|--|
|  | Monster inzendformulier Melk | FORM:005 Versie:002 Datum:12-02-21 |
|---|--|--|

X-nummers:

AdV:.....

| | |
|------------------|--|
| Inschrijfdatum: | |
| Bedrijfsnaam: | |
| Adres | |
| Ubn: | |
| Dierenarts: | |
| E-mail/telefoon: | |

Aantal monsters:.....

Type monster: Melk Bevroren: Ja Nee

Gewenst onderzoek: B.O. + ABG Celgetal meting Celgetal + B.O./ABG

| <i>In te vullen door veehouder</i> | | | <i>In te vullen door laboratorium AdVee Dierenartsen</i> | | | | |
|------------------------------------|-----------------------------|----------------------------------|--|-----------|-----|------------|-------------------|
| Koenummer | Kwartier | Mastitis graad 0 / 1 / 2 / 3* | Celgetal | BO 24h | 48h | ABG ja/nee | Uitslag: Bact. |
| | <input type="checkbox"/> RV | | | | | | |
| | <input type="checkbox"/> LV | | | | | | |
| | <input type="checkbox"/> RA | | | | | | |
| | <input type="checkbox"/> LA | | | | | | |
| | <input type="checkbox"/> RV | | | | | | |
| | <input type="checkbox"/> LV | | | | | | |
| | <input type="checkbox"/> RA | | | | | | |
| | <input type="checkbox"/> LA | | | | | | |
| | <input type="checkbox"/> RV | | | | | | |
| | <input type="checkbox"/> LV | | | | | | |
| | <input type="checkbox"/> RA | | | | | | |
| | <input type="checkbox"/> LA | | | | | | |
| | <input type="checkbox"/> RV | | | | | | |
| | <input type="checkbox"/> LV | | | | | | |
| | <input type="checkbox"/> RA | | | | | | |
| | <input type="checkbox"/> LA | | | | | | |
| Afleesdatum Paraaf | | | | | | | |

* Graad 0: Hoogcelgetal koe

* Graad 1: Afwijkende melk (vlokken, slierten)

* Graad 2: Afwijkende melk (vlokken, slierten) / afwijkende uier (zwellling, hard, roodheid)

* Graad 3: Afwijkende melk (vlokken, slierten) / afwijkende uier (zwellling, hard, roodheid) / afwijkende koe (verminderde melkgift, koorts, algemeen ziek)

Geboekt datum/paraaf:

| In te vullen door veehouder | | In te vullen door laboratorium AdVee Dierenartsen | | | | |
|-----------------------------|----------------------------------|---|-----------|-----|------------|-------------------|
| Koenummer / kwartier | Mastitis graad 0 / 1 / 2 / 3* | Celgetal | BO 24h | 48h | ABG ja/nee | Uitslag: Bact. |
| <input type="checkbox"/> RV | | | | | | |
| <input type="checkbox"/> LV | | | | | | |
| <input type="checkbox"/> RA | | | | | | |
| <input type="checkbox"/> LA | | | | | | |
| <input type="checkbox"/> RV | | | | | | |
| <input type="checkbox"/> LV | | | | | | |
| <input type="checkbox"/> RA | | | | | | |
| <input type="checkbox"/> LA | | | | | | |
| <input type="checkbox"/> RV | | | | | | |
| <input type="checkbox"/> LV | | | | | | |
| <input type="checkbox"/> RA | | | | | | |
| <input type="checkbox"/> LA | | | | | | |
| <input type="checkbox"/> RV | | | | | | |
| <input type="checkbox"/> LV | | | | | | |
| <input type="checkbox"/> RA | | | | | | |
| <input type="checkbox"/> LA | | | | | | |

| Herkauwer bo melk | Code | | | | | |
|-------------------------------|---------|--|--|--|--|--|
| Amoxicilline + clavulaanzuur. | AMC | | | | | |
| Cefalexin/kanamycine. | CFX | | | | | |
| Neomycine. | N | | | | | |
| Clindamycine | DA | | | | | |
| Penicilline | P | | | | | |
| Ampycilline 2/10. | AMP2/10 | | | | | |
| Oxacilline (Cloxacilline) | OX | | | | | |
| Trimethoprim/ sulfa. | SXT | | | | | |
| Erythromycine | E | | | | | |
| Cefoxitin | FOX | | | | | |
| Enrofloxacin. | ENR | | | | | |
| Ceftiofur. | EFT | | | | | |
| Gentamysine. | CN | | | | | |
| Herkauwer bo melk | Code | | | | | |
| Amoxicilline + clavulaanzuur. | AMC | | | | | |
| Cefalexin/kanamycine. | CFX | | | | | |
| Neomycine. | N | | | | | |
| Clindamycine | DA | | | | | |
| Penicilline | P | | | | | |
| Ampycilline 2/10. | AMP2/10 | | | | | |
| Oxacilline (Cloxacilline) | OX | | | | | |
| Trimethoprim/ sulfa. | SXT | | | | | |
| Erythromycine | E | | | | | |
| Cefoxitin | FOX | | | | | |
| Enrofloxacin. | ENR | | | | | |
| Ceftiofur. | EFT | | | | | |
| Gentamysine. | CN | | | | | |