Autogenous Vaccine Purchase Order

We hereby order production of autogenous vaccine as per following instructions:

Product Name	Autodyn
Content (required pathogens – please use exact name of pathogens from enclosed List of pathogens)	
Packing (please tick)	☐ 10 ml ☐ 50 ml ☐ 100 ml ☐ 200 ml ☐ 500 ml
Total quantity in liters	
Total quantity in doses	
Target animal (please tick)	☐ Cattle ☐ Calf ☐ Piglets ☐ Fattening pigs ☐ Sows ☐ Other (please specify)
Name and Address of farm (where the vaccine will be used) including a name of responsible veterinarian	
Notes (Information on label, delivery term,)	
Date:	
Name:	
Signature:	