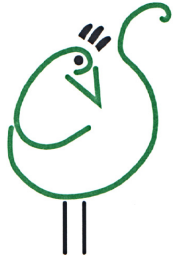


Date of Receipt- \_\_\_/\_\_\_/\_\_\_

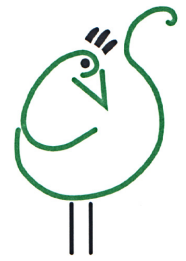
CVS Ref Number: \_\_\_/\_\_\_



# CROWSHALL VETERINARY SERVICES

STEPHEN A LISTER BSc BVetMed CertPMP MRCVS  
 CLAIRE I F KNOTT BVM&S MRCVS  
 PHILIP P HAMMOND BVetMed MRCVS  
 IAN S LOWERY BVetMed MRCVS

1 CROWS HALL LANE  
 ATTLEBOROUGH  
 NORFOLK  
 NR17 1AD  
 TEL: 01953 455454  
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## Salmonella Sample Submission Form

(NB- all information below must be filled in for UKAS Compliance)

Client Details:

Company Name		Site Name	
Company Address		Site Address	

Additional Information Required:

Date of Sampling		Type of Bird	Layers
House/Unit Numbers		Age of Birds	weeks
Flock Codes/Ref:			

**SAMPLE DETAILS:-** (please indicate number of samples in boxes)

**POST CLEANING GAUZE SWABS**

- Floor surfaces (including cracked areas)
- Walls (including cracked areas)
- High beams/ledges and pipework
- Fans and fan housing
- Manure belts/droppings boards, scratching areas
- In house open feed hoppers/feeders
- Drinkers/nipple spillage troughs/cups
- Nest boxes/cage interiors
- Egg delivery belts/elevators
- Areas around bait boxes

**BOOT SWABS (NO OF PAIRS)**

**RODENT FAECES (UP TO 25G)**

**Where no rodent faeces are available you MUST submit a swab from areas around the rodent boxes and declare that "no rodent faeces" were available on the submission form**

**CHICKEN FAECES/DROPPINGS 150g (Cage units only)**

Any Other Important Information:

# LION CODE SAMPLING

**NB- ONLY SAMPLES TAKEN, SUBMITTED AS ABOVE AND WITH ALL THE ABOVE INFORMATION SUPPLIED WILL BE TESTED AND REPORTED IN ACCORDANCE WITH UKAS.**

**SAMPLES MUST BE RECEIVED BY CROWSHALL IN TIME TO ALLOW TESTING TO START WITHIN 4 DAYS OF SAMPLES BEING TAKEN, OTHERWISE THEY WILL NOT BE SUITABLE FOR TESTING AND A REPEAT SAMPLE WILL HAVE TO BE TAKEN.**  
**IT IS THE OWNERS RESPONSIBILITY TO ENSURE THAT THIS TIMELINE IS ADHERED TO AND WHERE SAMPLES ARE SUBMITTED TO THE LABORATORY BY POST THEN GUARANTEED DELIVERY SYSTEMS ARE RECOMMENDED**