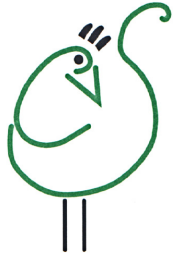


Date of Receipt- ___/___/___

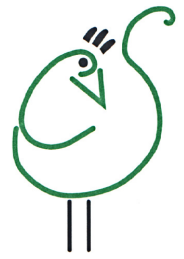
CVS Ref Number: ___/___/___



CROWSHALL VETERINARY SERVICES

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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		Species/Type of Bird	
House/Unit Numbers		Age of Birds	*Days/weeks
Flock Codes/Ref:			

SAMPLE DETAILS:- (please indicate number of samples)

CHICK BOX LINERS (min 25g)	<input type="text"/>	DUST (min 25g)	<input type="text"/>
DEAD IN SHELL EGGS (min 10 eggs)	<input type="text"/>	LITTER (min 25g)	<input type="text"/>
CULLED CHICKS (min 10 chicks)	<input type="text"/>	FEED (min 60g)	<input type="text"/>
MECONIUMS (min 25g ex 250 chicks)	<input type="text"/>	HATCHERY DEBRIS (min 25g)	<input type="text"/>
DEAD ON ARRIVAL CHICKS	<input type="text"/>	HATCHERY FLUFF (min 25g)	<input type="text"/>
BOOTSWABS (Number of pairs)	<input type="text"/>	PM MATERIAL (min 10g)	<input type="text"/>
CLOACAL SWABS (min 30 swabs)	<input type="text"/>	MEAT (min 60g)	<input type="text"/>
COMPOSITE FAECES (min 25g or)	<input type="text"/>	ENVIRONMENTAL PADS (individual)	<input type="text"/>
ENVIRONMENTAL SWABS (min 10)	<input type="text"/>	OTHER (Please specify).....	<input type="text"/>

PLEASE TICK IF THE SAMPLE IS SUBMITTED FOR POULTRY HEALTH SCHEME

Any Other Important Information:

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 5 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