

## LABORATORY SUBMISSION FORM

Please fill out one submission form per flock

Owner:		Species / Breed:	
Address:		Broiler, Broiler Breeder, Commercial Layer, Layer Breeder, Grandparent, Other	
Submitter:		Date collected:	
Email:		Farm / Shed / Flock ID:	
Invoice to:		Age (days / weeks):	
Vaccinations / History / Clinical findings:			

### SAMPLES *(Number)*

Blood on filter paper		Swabs		Fixed tissue	
Clotted blood		FTA cards		Slides	
Serum (separated from clot)		Unfixed tissue		Other	

### ELISA *(Tick box)*

Avian encephalomyelitis		<i>Mycoplasma gallisepticum</i>		Avian influenza	
Avian reovirus		<i>Mycoplasma synoviae</i>		Avian metapneumovirus	
Chicken anaemia		<i>Ornithobacterium</i>		Infectious bursal disease	
Egg drop syndrome		<i>rhinotracheale</i>		Avian paramyxovirus 1	
Fowl adenovirus Group 1		<i>Salmonella</i> Group B		Other (consult the laboratory)	
Infectious bronchitis		<i>Salmonella</i> Group D			
Infectious laryngotracheitis					

NUCLEIC ACID DETECTION /  
HISTOPATHOLOGY  
*(Consult the laboratory)*

For internal use - Do not complete

Accession number:		Date of completion:	
Date received:		Results sent:	
Imported samples (Y/N):		Invoiced:	