

Submission Form

Coccidian Oocyst and Worm Egg Count

Please Note:

3g of faeces is sufficient for this test, however, faeces submitted should be representative of the area samples. Containers should only be half filled and, for hygiene reasons, should not be placed directly in the bag with the submission forms. Please note that bags are not acceptable containers for sending faecal samples, rigid pots **must** be used.

Client Details:

Company name and address:

Tel: _____ Fax: _____

E-mail: _____

Site name and address:

CPH Number: _____

Producer Establishment Number: ____/UK/____

Additional Information:

Date of sampling		Time of Sampling		Collected by	
Species (circle)	Chicken	Turkey	Other (specify)		
Breed / Strain		Age	Days/Weeks	Flock Code	

Sample Information:

Sample Number	House	Area Sampled	LAB USE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Laboratory Use Only			
Date of Receipt:	RFN:	R:	QC:
No of Samples:	Databased:	Final report sent:	
Booked in By:	BB Ref Range:		

Poultry Health Services, The Milton Building, Pentlands Science Park, Bush Loan, Penicuik, EH26 0PZ

Tel: +44 (0)131 445 6020 Fax: +44 (0)131 440 9587 email: enquiry@biobest.co.uk www.biobest.co.uk

Please note that the services performed by Biobest (t/a Poultry Health Services) are subject to the Biobest Terms & Conditions of Supply which were updated on the 1st June 2009 and which are deemed to be incorporated into this contract. For a copy of these terms and information concerning the test methods employed, sample requirements and test pricing please contact Biobest or visit www.biobest.co.uk. Copyright © (2018) Biobest Laboratories Limited