

Salmonella Submission Form

Please ensure that this form is completed fully and accurately. Missing, erroneous or incomplete data may result in delays in sending final reports. Samples must be sent in full compliance with the relevant postal regulations. Samples must be received at the laboratory in a timely manner to allow testing to begin within 4 days of sampling, if this is not possible a repeat sample will be required.

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	
House / unit number	
Flock codes / ref	

Species / type of bird <small>Please circle one</small>	B	L	T	D	DP
	BP	LP	TP	LV	
Age of birds	Days/Weeks				
Age birds arrived on farm	Days/Weeks				
Date of placement	MM/YY				

Sample Details (Indicate sample numbers):

Bootswabs (number of pairs)	
Chick box liners (min 25g)	
Dead on arrival (DOA) (up to 60)	
Composite faeces (min 2 x 150g)	
Dust (min 25g)	
Meconium (min 25g)	
Compost	
Other (please specify)	
Environmental swab	
Poultry Health Scheme Sample (Yes/No)	

Environmental swabs <small>Please indicate area sampled</small>	
Floor	
Walls	
Beams / Ledges	
Fans	
Manure belts / Scratching areas	
Feeders	
Drinkers	
Nest boxes	
Egg belts	
Rodent faeces	
Bait box swab (if no rodent faeces available)	
Other (please specify)	

Sampled by	
Sign	
Date	

Laboratory Use Only

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

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