

Serology 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. Half fill blood tubes then lay them on a flat surface until the blood coagulates.

Company name and address:	
Tel:	
E-mail:	Fax:

Site name and address:	
CPH Number:	
Producer Establishment Number:	/UK/

Required Information:

Date of sampling	
House / unit number	
Flock codes / ref	

Species / type of bird	
Age of birds	Days/Weeks (Please Circle)
Age birds arrived on farm	Days/Weeks (Please Circle)

Test(s) Required (no of samples per house):

Rapid Slide Agglutination	
Mg (<i>Mycoplasma gallisepticum</i>)*	
Ms (<i>Mycoplasma synoviae</i>)*	
Mm (<i>Mycoplasma meleagridis</i>)*	
Sp (<i>Salmonella pullorum</i>)*	
Enzyme-Linked Immunosorbent Assay	
ELISA AI (<i>Avian Influenza</i>)*	
ELISA Mm (<i>Mycoplasma meleagridis</i>)*	
ELISA Mg/Ms (<i>Mycoplasma gallisepticum</i> / <i>synoviae</i>)	
ELISA Ms (<i>Mycoplasma synoviae</i>)	
ELISA Mg (<i>Mycoplasma gallisepticum</i>)	
ELISA SE (<i>Salmonella enteritidis</i>)	
ELISA ART (<i>Avian Rhinotracheitis</i>)	
ELISA ORT (<i>Ornithobacterium rhinotrachealae</i>)	
ELISA IBV (<i>Infectious Bronchitis Virus</i>)	
ELISA IBD (<i>Gumboro</i>)	
ELISA NDV (<i>Newcastle Disease</i>)	
ELISA AE (<i>Avian Encephalomyelitis</i>)	
ELISA ILT (<i>Infectious Laryngotracheitis</i>)	
ELISA CAV (<i>Chicken Anaemia Virus</i>)	
ELISA ADD (<i>Adenovirus</i>)	
ELISA ALV (<i>Avian Leukosis Virus</i>)	
ELISA REO (<i>Avian Reovirus</i>)	
ELISA EDS (<i>Egg Drop Syndrome</i>)	

Haemagglutination Inhibition	
HI Newcastle	
HI Infectious Bronchitis Variant M41	
HI Infectious Bronchitis Variant 793B	
HI Infectious Bronchitis Variant D274	
HI Infectious Bronchitis Variant D1466	
HI Infectious Bronchitis Variant D388	
HI Infectious Bronchitis Variant 755	
HI Egg Drop Syndrome-76	
Serum Protein	
Other (Please specify)	
Tests marked * are ISO-17025 accredited	

Sample storage at laboratory	
Poultry Health Scheme Sample (Yes / No)	

Submitted by (Print Name):	
Signature:	
Date:	

Laboratory Use Only			
Date of Receipt:	RFN:	R:	QC:
No. of Samples	Databased	Final Report Sent:	
Booked in by:	Ref Range:		

