

PCR 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, if this is not possible a repeat sample may be required.

Client Details:

Company name and address:

Site name and address:

Tel:

Fax:

E-Mail:

Additional Information:

Date of sampling:	
Sampled by:	
Number of swabs:	
Species: Broiler/Layer/Turkey etc	
Age of birds (day/weeks):	

Analysis Required:

Mycoplasma spp:
Mycoplasma galliseptium:
Mycoplasma synoviae:
Ornithobacterium rhinotracheale:
*If other please specify below:

Sample Details:

Sample	House	Further details if applicable	Sample	House	Further details if applicable
1			4		
2			5		
3			Please check this box if samples require pooling: (Up to 5 samples)		

If individual testing is required please label Swabs 1-5 and complete this form. Please note that up to 5 samples can be pooled per test. Further sampling instructions are available on request.

Please send me a replacement sampling kit

Please note that **all diagnostic samples** are to be returned to:

**Poultry Health Services
Castle House
Dale Road
Sheriff Hutton, York
YO60 6RZ**

Tel: +44 (0)1347 820378 Fax: +44 (0)1347 878208

email: yorklab@biobest.co.uk

www.poultryhealthservices.com

Poultry Health Services, Castle House, Dale Road
Sheriff Hutton, York, YO60 6RZ