

PCR Submission Form

Client's name and address:

Tel:

Postcode:

Account Payable By:

Report to:

Address where birds kept, if different from above:

Postcode:

Bird Details:

Species: Chicken Turkey Other

Breed/Strain: Please specify **Age:** Weeks/Days

Sample Details:

Date Taken: **Date Posted:**

Sample	House	Area Sampled
1.		
2.		
3.		
4.		
5.		

Analysis Required: Mycoplasma spp. Mycoplasma synoviae Mycoplasma gallisepticum

Please give details if samples require pooling (up to 5 swabs can be pooled).

Return samples to: [Newbridge Scientific, Castle House, Dale Road, Sheriff Hutton, York YO60 6RZ](#)