

| Client Name & Address:  |                |  | Date Sampled:   |           |   |                                      |                   |                  |             |                              |    |
|---|----------------|--|---|-----------|---|--------------------------------------|-------------------|------------------|-------------|------------------------------|----|
|   |                |  | Date Submitted:   |           |   |                                      |                   |                  |             |                              |    |
|   |                |  | Report by:  |           |   |                                      |                   | Fax [            | ] Email [   | ] Post [                     | ]  |
| Tel:  |                |  | Please circle as applicable:  |           |   |                                      |                   |                  |             |                              |    |
| Fax:  |                |  | Age: Breeding / Racing / Young Reason for testing: Routine / Diagnostic   |           |   |                                      |                   |                  |             |                              |    |
| E-mail:   |                |  | Numbers in loft [ ] Number affected [ ] Please use separate submission forms for separate sections / lofts              |           |   |                                      |                   |                  |             |                              |    |
|   |                |  |   |           |   |                                      |                   |                  |             |                              |    |
| Brief case history:   | s & medication | medication given   |   |           |   |                                      |                   |                  |             |                              |    |
|   | Please tick    | k all requested test and panels                                |   |           |   |                                      |                   |                  |             |                              |    |
| Parasitology & Microscopy   |                |  |   | <u>P(</u> | <u>CR</u>   |                                      |                   |                  |             |                              |    |
| [ ] Worm Egg / Coccidian count £26.23<br>[ ] Trichomonas (Canker) £24.04<br>[ ] Bacteriology £38.83 |                | (Faeces)<br>(Crop swab /<br>faeces)<br>(Crop swab /<br>faeces) |   | []        | Chlamydia<br>Circovirus<br>Herpes Virus<br>Mycoplasma | £47.20<br>£47.20<br>£47.20<br>£47.20 | (Fa<br>(Fa<br>(Th |                  |             | s swabs can<br>s 1 sample)   |    |
| Bacteriology and Mycolo   | ogy            |  |   | Ex        | ternal Tests  |                                      | No                | te: exteri       | nal tests a | re not done i<br>y take 7-14 | n- |
| [ ] Salmonella culture £34.94<br>[ ] Aspergillus Culture £24.26                                     |                | (Faeces)<br>(Faeces)   |   |           | Adenovirus<br>Rotavirus                               | £60.31<br>£60.31                     |                   | aeces)<br>aeces) |             |                              |    |
|   |                |  | Please call your regular/closer branch before sending post mortem samples (Chlamydia spp disease clearance is required) |           |   |                                      |                   |                  |             |                              |    |
| Special Offer Panels  |                |  |   |           |   |                                      |                   |                  |             |                              |    |
|   |                |  | Vorm Egg/Coccidian Count & Trichomonas  |           |   |                                      |                   |                  |             |                              |    |
| 0   |                |  | Worm Egg/Coccidian Count, Trichomonas & Circovirus  |           |   |                                      |                   |                  |             |                              |    |
| [ ] Racing & Respiratory £103.83  |                | Worm Egg/Coccidian Count, Trichomonas, Mycoplasma, & Chlamydia |   |           |   |                                      |                   |                  |             |                              |    |



Bacteriology, £38.83, as an addition to any of the above panels

Registered Address: Leeman House, Station Business Park, Holgate Park Drive, York YO26 4GB



## Your testing kit includes:

- Swabs ( Number and type dependent on tests required)
- Faeces Container

Please label samples if taken from different birds, sections or lofts. Submission form to accompany samples.

| Black tipped swab ( with black charcoal growth media)     | Throat swab   | Bacteriology   | Take from the back of the throat and around the cleft                                 |
|---|---------------|--|---|
| Blue/White or orange tipped swab ( dry and with no media) | Throat swab   | Mycoplasma PCR   | Take from the back of the throat and around the cleft                                 |
| Blue tipped swab (with white growth media)                | Crop swab     | Trichomonas (Canker)   | Place swab carefully down the side of the mouth and into the crop                     |
| Faeces container pot                                      | Faeces sample | Parasitology / Salmonella* / Rotavirus / Adenovirus / Circo Virus / Chlamydia / Herpes | Fresh faeces from several birds  • For salmonella testing 5 days' worth are required. |

## Please Return Your Sampling Kit To:

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

