



Client Name & Address:	Date Sampled:	
	Date Submitted:	
	Report by:	Fax [] Email [] Post []
Tel:	Please circle as applicable:	
Fax:	Age: Breeding / Racing / Young	
E-mail:	Reason for testing: Routine / Diagnostic	
	Numbers in loft [] Number affected []	
	Please use separate submission forms for separate sections / lofts	

Brief case history:	Symptoms & medication given		
	Please tick all requested test and panels		
Parasitology & Microscopy		PCR	
<input type="checkbox"/> Worm Egg / Coccidian count	(Faeces)	<input type="checkbox"/> Chlamydia	(Faeces)
<input type="checkbox"/> Trichomonas (Canker)	(Crop swab / faeces)	<input type="checkbox"/> Herpes Virus	(Faeces)
<input type="checkbox"/> Bacteriology	(Crop swab / faeces)	<input type="checkbox"/> Circovirus (up to 5 samples)	(Faeces)
		<input type="checkbox"/> Mycoplasma	(Faeces)
			(Throat Swab, up to 5 swabs can be pooled together as 1 sample)
Bacteriology and Mycology		External Tests	
<input type="checkbox"/> Salmonella culture	(Faeces)	<input type="checkbox"/> Adenovirus	(Faeces)
<input type="checkbox"/> Aspergillus Culture	(Faeces)	<input type="checkbox"/> Rotavirus	(Faeces)
Post Mortem Examination	Please call your regular/closer branch before sending postmortem samples		
<input type="checkbox"/> Please note this doesn't include additional tests required	(Chlamydia spp disease clearance is required)		
Special Offer Panels			
<input type="checkbox"/> Basic	Worm Egg/Coccidian Count & Trichomonas		
<input type="checkbox"/> Racing & Respiratory	Worm Egg/Coccidian Count, Trichomonas, Mycoplasma, & Chlamydia		
<input type="checkbox"/> Bacteriology, as an addition to any of the above panels			



Poultry Health Services Ltd
 Castle House, Dale road, Sheriff Hutton, YO60 6RZ
 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/Orange 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 <ul style="list-style-type: none"> • 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**