

Date of receipt: ____/____/____



CVS Reference: _____

MVP Reference: _____

Salmonella Submission Form

(NB- all information below must be filled in for UKAS compliance)

Client details:

Company name and address:

Site name and address:

Additional information required:

Date of sampling	
House/unit numbers	
Flock codes/ref:	

Species/type of bird	
Age of birds	Days/Weeks

Account payable by:

Results preference: Fax/Email/Post
Details:

Sample Details: (please indicate number of samples)

Bootswabs (No. of pairs)	
Other samples:	
Chick box liners (min 25g)	
Cloacal swabs (min 30)	
Composite faeces (min 25g)	
Dust (min 25g)	
Litter (min 25g)	
Other (please specify)	
Poultry Health Scheme sample: yes/no	

Environmental Swabs Please indicate areas sampled below	
Floor	
Walls	
Beams/ledges	
Fans	
Manure belts/scratching areas	
Feeders	
Drinkers	
Nest boxes	
Egg belts	
Rodent Faeces	
Bait box*	
*Bait box swab is only necessary when no rodent faeces are available. Package this swab separately.	

NB-
Samples should be sent in accordance to postal regulations.
Only samples taken, submitted as above with all the above information supplied will be tested and reported in accordance with UKAS.
Samples must be received in time to allow testing to start within **4 days** of sampling, otherwise a repeat sample will be needed. This is the owners responsibility and therefore guaranteed delivery systems are recommended.

Please send samples to:
Crowshall Veterinary Services
1 Crowshall Lane
Attleborough
Norfolk
NR17 1AD
(UKAS Accredited Lab 2164)

Sampling kit requests:

Bootswabs		Pre-housing Salmonella	
Water		Pre-housing TVC	
Blood		Worm egg/cocci	
Other:			

The Veterinary Surgery
Salisbury Road, York
YO26 4YN
Tel: 01904 620968
Fax: 01904 671397

Herriot House
Howton, Hereford
HR2 0BG
Tel: 01981 241320
Fax: 01981 241321

College Road
Sutton Bonington, Loughborough
LE12 5RA
Tel: 01159 516551
Fax: 01159 516550