



Poultry Directors: A. Johnston BVMS, Cert VA, MRCVS, M. I. Clark MA, VetMB, MRCVS
K. Warner BSc(Vet.Sc) Hons. BVM&S, MRCVS Associate: S. Perez, DVM, MSc, MRCVS

PCR SUBMISSION FORM

1. Number and kind of samples:

.....
.....

2. Sender contact details:

Name and surname:.....

Address:.....

.....Post code:.....

Telephone number:.....

Fax number:.....

E-mail address:.....

Account payable by:.....

3. Farm name/ House sampled/sample code:

.....
.....

4. Species / Sex / Age:

.....

5. Description of clinical signs and the reason for sample submission:

.....
.....



Poultry Directors: A. Johnston BVMS, Cert VA, MRCVS, M. I..Clark MA, VetMB, MRCVS
K. Warner BSc(Vet.Sc) Hons. BVM&S, MRCVS Associate : S. Perez, DVM, MSc, MRCVS

6. Current vaccination programme:

.....
.....

7. Current medication:

.....
.....

8. Brief Farm History over the previous year:

.....
.....

**PLEASE COMPLETE ALL PARTS OF THE FORM AND RETURN WITH SAMPLES
TO THE MINSTER LABORATORY**