

Date of Receipt-____/____/____

CVS Ref Number:____/____



CROWSHALL VETERINARY SERVICES

STEPHEN A LISTER BSC BVetMED CERTPMP MRCVS
 CLAIRE I F KNOTT BVM&S MRCVS
 PHILIP P HAMMOND BVetMED MRCVS
 IAN S LOWERY BVetMED MRCVS

1 CROWS HALL LANE
 ATTLEBOROUGH
 NORFOLK
 NR17 1AD
 TEL: 01953 455454
 FAX: 01953 455661



Serology Request Submission Form

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

Client Details:

Company Name		Site Name	
Company Address		Site Address	

Additional Information Required:

Date of Sampling		Species/Type of Bird	
House/Unit Numbers		Age of Birds	*Days/weeks
Flock Codes/Ref:			

* delete as necessary

DETAILS OF TESTS REQUIRED:- (please indicate number of samples **FOR EACH TEST IN BOX**)

MYCOPLASMA GALLISEPTICUM RSA*	<input type="text"/>	MYCOPLASMA GALLISEPTICUM ELISA	<input type="text"/>
MYCOPLASMA SYNOVIAE RSA*	<input type="text"/>	MYCOPLASMA SYNOVIAE ELISA	<input type="text"/>
MYCOPLASMA MELEAGRIDIS RSA*	<input type="text"/>	MYCOPLASMA MELEGRIDIS ELISA	<input type="text"/>
INFECTIOUS BRONCHITIS (M41) ELISA	<input type="text"/>	IB VARIANT PACKAGE (HI)	<input type="text"/>
GUMBORO DISEASE (IBD) ELISA	<input type="text"/>	GUMBORO PREDICTION	<input type="text"/>
NEWCASTLE DISEASE (ND) ELISA	<input type="text"/>	TRT/ART ELISA	<input type="text"/>
CHICK ANAEMIA (CAV) ELISA	<input type="text"/>	ORT ELISA	<input type="text"/>
AE ELISA	<input type="text"/>	HEV AGAR GEL	<input type="text"/>
REOVIRUS ELISA	<input type="text"/>	OTHER (Please specify).....	<input type="text"/>
EDS HI	<input type="text"/>	OTHER (Please specify).....	<input type="text"/>

*** ONLY TESTS MARKED WITH AN ASTERISK ARE WITHIN SCOPE OF UKAS TESTING**

Any Other Important Information:

NB- only samples taken, submitted as above and with all the above information supplied will be tested and reported in accordance with UKAS.
 Samples should ideally be submitted to the laboratory on the day of sampling, or in any case within 48 hours.