

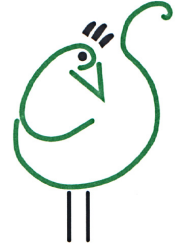
Date of Receipt-___/___/___

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
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LION CODE PACKING CENTRE Salmonella Sample Submission Form

(NB- shaded boxes below **must** be filled in for UKAS/Lion Code Compliance)

Company Name		Packing Centre Name/PC Number	
Company Address		Packing Centre Address	
		Name of person taking the sample

ADDITIONAL INFORMATION REQUIRED FOR ALL SAMPLES

Sample Type (e.g 20 eggs, Grader Swabs, number)	Producer Name/ Farm Name	Producer Establishment Number	Sampling date
		_/UK/ ____	/ /
		_/UK/ ____	/ /
		_/UK/ ____	/ /
		_/UK/ ____	/ /
		_/UK/ ____	/ /
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		_/UK/ ____	/ /

COMMENTS or ADDITIONAL REQUEST:

NB- ONLY SAMPLES TAKEN, SUBMITTED AS ABOVE AND WITH ALL THE ABOVE INFORMATION SUPPLIED WILL BE TESTED AND REPORTED IN ACCORDANCE WITH UKAS/LION CODE COMPLIANCE.

SAMPLES MUST BE RECEIVED BY CROWSHALL IN TIME TO ALLOW TESTING TO START WITHIN 4 DAYS OF SAMPLES BEING TAKEN, OTHERWISE THEY WILL NOT BE SUITABLE FOR TESTING AND A REPEAT SAMPLE WILL HAVE TO BE TAKEN.

IT IS THE OWNERS RESPONSIBILITY TO ENSURE THAT THIS TIMELINE IS ADHERED TO AND WHERE SAMPLES ARE SUBMITTED TO THE LABORATORY BY POST THEN GUARANTEED NEXT DAY DELIVERY SYSTEMS ARE RECOMMENDED