

Date of Receipt      /      /     CVS Submission Number      /      /     **CROWSHALL VETERINARY SERVICES LLP**

Stephen A Lister BSc BVetMed CertPMP DiplECPVS MRCVS

Claire I F Knott BVM&amp;S MRCVS

Philip P Hammond BVetMed PGCert Avian Health (hons) MAHM MRCVS

Ian S Lowery BVetMed PGCert ILHP 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	.....

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/ _____	/ /
		_/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/NCP/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**

S1E Lion Code Packing Centre Salmonella Sample Submission Form v2 17-05-2018