



TVC SUBMISSION FORM

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Client Details:

Company Name		Site Name	
		FARM CODE	
Company Address		Site Address	
Email address			

Additional Information Required:

Date of Sampling		Species/Type of Bird	
House/Unit Numbers			
Flock Codes/Ref:			

TVC Sample Types (swabs will be tested individually)- swab an area 10cm x 10cm using aseptic technique

Sample Type and Area	Number of samples from area	Comments
Walls (swab)		
Floor (swab)		
Drinkers (swab)		
Feeders (swab)		
Air Inlets/fans (swab)		
Water Sample (specify location) ie bore, tap, tank, drinker line		
Other Areas		

Test Required

TVC Staphylococcus Enterococcus

TVC / E.coli / Coliform / Pseudomonas Biochemistry (NRM)

Samples should be submitted to the laboratory on the day of sampling. If posted then please enclose an icepack.

FOR LAB USE ONLY

Date of Receipt	
Date of Testing	
Crowshall Submission Reference Number	

