

CROWSHALL VETERINARY SERVICES LLP

Stephen A Lister BSc BVetMed CertPMP DipIECPVS MRCVS
Claire I F Knott BVM&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



TVC SUBMISSION FORM

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

INTERNAL LAB USE ONLY

Date of Receipt	
Date of Testing	
Crowshall Submission Reference Number	

**Samples should be submitted to the laboratory on the day of sampling.
If posted then use icepack in package.**