

CROWSHALL VETERINARY SERVICES LLP

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Salmonella Sample Submission Form

(NB- shaded boxes below must be filled in for UKAS/NCP Compliance)

Company Name		Site Name	
Company Address		Site Address	
		Name of person taking the sample

Date of Sampling	/ /	Species/Type of Bird	
House Number		Age of flock	* days/weeks
Flock Codes/Ref:		Date flock placed in house	/ MM/YYYY
CPH Number:	/ /	Reason sample submitted	*NCP/PHS/Other
Were birds receiving antibiotic at time of sampling ?			*YES/NO

** delete as appropriate*

SAMPLE DETAILS:- (please indicate number of samples in relevant box)

BOOTSWABS (Number of pairs)	<input type="text"/>	DUST (min 25 gm)	<input type="text"/>
COMPOSITE FAECES (60 gm rearing)	<input type="text"/>	COMPOSITE FAECES (2 X 150 gm cage)	<input type="text"/>
PRE-STOCKING SWABS (min 10)	<input type="text"/>	BAIT BOX/RODENT FAECES	<input type="text"/>
DEAD ON ARRIVAL CHICKS	<input type="text"/>	CHICK BOX LINERS (min 10)	<input type="text"/>
HATCHER TRAY LINERS	<input type="text"/>	HATCHERY FLUFF (min 25g)	<input type="text"/>
HATCHERY DEBRIS/SHELL (min 25g)	<input type="text"/>	MECONIUM (min 25 gm ex 250 chicks)	<input type="text"/>
CULLED CHICKS (min 20)	<input type="text"/>	DEAD in SHELL EGGS (min 10 eggs)	<input type="text"/>
ENVIRONMENTAL PADS (Individual)	<input type="text"/>	OTHER (Please specify).....	<input type="text"/>

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/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