**Serology Request Submission Form**

**Completing this submission form means that you are giving Crowshall Veterinary Services LLP permission to hold your personal data. Please refer to the Crowshall Veterinary Services LLP Data Protection Policy Statement for more information. This is on display on our noticeboard or available at <https://www.crowshall.co.uk/>.**

**(NB- all information below must be filled in for UKAS Compliance)**

**Client Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name  |  | Site Name  |  |
| Company Address |  | Site Address |  |

**Additional Information Required:**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Sampling |  | Species/Type of Bird |  |
| House/Unit Numbers |  | Age of Birds |  \***Days/weeks** |
| Flock Codes/Ref: |  |

**DETAILS OF TESTS REQUIRED: (please indicate number of samples FOR EACH TEST IN BOX)**

**MYCOPLASMA GALLISEPTICUM RSA\* MYCOPLASMA GALLISEPTICUM ELISA**

**MYCOPLASMA SYNOVIAE RSA\* MYCOPLASMA SYNOVIAE ELISA**

**MYCOPLASMA MELEAGRIDIS RSA\* MYCOPLASMA MELEGRIDIS ELISA**

**INFECTIOUS BRONCHITIS (M41) ELISA IB VARIANT PACKAGE (HI)**

**GUMBORO DISEASE (IBD) ELISA GUMBORO PREDICTION**

**NEWCASTLE DISEASE (ND) ELISA TRT/ART ELISA**

**CHICK ANAEMIA (CAV) ELISA ORT ELISA**

**AE ELISA HEV AGAR GEL**

**REOVIRUS ELISA OTHER (Please specify----------------------------**

**EDS HI OTHER (Please specify)---------------------------**

**\*ONLY TESTS MARKED WITH AN ASTERISK ARE WITHIN THE SCOPE OF UKAS TESTING**

**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. Samples should ideally be submitted to the laboratory on the day of sampling, or in any case within 48 hours.**