

Serology Submission Form

Please ensure that this form is completed fully and accurately. Missing, erroneous or incomplete data may result in delays in sending final reports. Samples must be sent in full compliance with the relevant postal regulations. Samples must be received at the laboratory in a timely manner, if this isn't possible a repeat sample may be required.

Client Details:

Company name and address:

Site name and address:

Tel:

Fax:

E-Mail:

Additional Information:

Date of sampling:	<input type="text"/>
Sampled by:	<input type="text"/>
Species: Broiler/Layer/Turkey etc	<input type="text"/>
Number of samples	<input type="text"/>
Age of birds (day/weeks)	<input type="text"/>
House sampled	<input type="text"/>

Relevant symptoms:	<input type="text"/>
Vaccination history:	<input type="text"/>

Tests Required:

<p>ELISA</p> <input type="checkbox"/> Ornithobacter Rhinotracheale (ORT) <input type="checkbox"/> Avian Rhinotracheitis (ART/TRT) <input type="checkbox"/> Infectious Bronchitis (IBV) <input type="checkbox"/> Gumboro Disease (IBD) <input type="checkbox"/> Avian Reovirus (REO) <input type="checkbox"/> Avian Influenza (AI) <input type="checkbox"/> Newcastle Disease (ND) <input type="checkbox"/> Chicken Anaemia Virus (CAV) <input type="checkbox"/> Infectious Laryngotracheitis (ILT) <input type="checkbox"/> Egg Drop Syndrome (EDS/76) <input type="checkbox"/> Salmonella Pullorum/Gallinarum <input type="checkbox"/> Mycoplasma gallisepticum/synoviae (MG/MS)	<input type="checkbox"/> Avian Adenovirus (ADD) <input type="checkbox"/> Mycoplasma synoviae (MS) <input type="checkbox"/> Mycoplasma meleagridis (MM) <input type="checkbox"/> Haemorrhagic Enteritis (HE) <input type="checkbox"/> Astrovirus <input type="checkbox"/> Salmonella Enteritidis <p>Haemagglutination Inhibition</p> <input type="checkbox"/> Infectious Bronchitis Variant M41 <input type="checkbox"/> Infectious Bronchitis Variant 793b <input type="checkbox"/> Infectious Bronchitis Variant D274 <input type="checkbox"/> Infectious Bronchitis Variant 755 <input type="checkbox"/> Infectious Bronchitis Variant D1466 <input type="checkbox"/> Infectious Bronchitis Variant 388	<input type="checkbox"/> Egg Drop Syndrome (EDS/76) <input type="checkbox"/> Newcastle Disease (ND) <p>Rapid Serum Agglutination</p> <input type="checkbox"/> Mycoplasma gallisepticum (MG) <input type="checkbox"/> Mycoplasma synoviae (MS) <input type="checkbox"/> Mycoplasma meleagridis (MM) <input type="checkbox"/> Salmonella Pullorum (SP) <p>Agar Gel Precipitin</p> <input type="checkbox"/> Mareks Disease (MD) <input type="checkbox"/> Lab storage of samples
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If other tests are required please specify below:

Please send me a replacement sampling kit

Instructions for use:

- Select at least 10 birds per house.
- Half fill the blood tubes, replace the cap and lay the tube on its side for at least 5 minutes to allow the blood to clot.

Please note that **all diagnostic samples** are to be returned to:

**Newbridge Scientific
Castle House
Dale Road
Sheriff Hutton, York
YO60 6RZ**