

## Fungal Culture 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 is not possible a repeat sample may be required.

### Client Details:

Company name and address:

Site name and address:



Tel:

Fax:

E-Mail:

### Additional Information:

### Analysis Required:

Date of sampling:	<input type="text"/>
Sampled by:	<input type="text"/>
Species: (broiler, layer, turkey, etc)	<input type="text"/>
Age of birds (day/weeks):	<input type="text"/>

Fungal Culture	<input type="checkbox"/>
Other	<input type="checkbox"/>
*If other, please specify below:	

### Sample Details:

Sample	House	Type of Sample	Sample	House	Type of Sample
1			6		
2			7		
3			8		
4			9		
5			10		

Please label all samples individually and complete the sampling information above. Further sampling instructions are available on request.

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

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