



Salmonella Grp D Vaccine Differentiation External Sample 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.

This form is for use only for samples initially identified as *Salmonella* Group D at an external laboratory.

Newbridge Scientific internal samples identified as Group D *Salmonella* are automatically tested for vaccine differentiation.

Client Details:

Company name and address:	
Tel:	Fax:
E-mail:	

Site name and address:
CPH Number: Producer Establishment Number: ____/UK/____

Additional Information:

Date of original sampling	
House / unit number	
Flock codes / ref	

Species / type of bird	
Age of birds	Days/Weeks
Age birds arrived on farm	Days/Weeks
Date of placement	MM/YY

Sample Details:

Laboratory that conducted initial testing	
Date of initial testing	
Sample identification number at the initial testing laboratory	
Initial sample type	
Number of samples	
Date of confirmation as Group D	
Date of postage for Newbridge Scientific	

Sign	
Date	

Laboratory Use Only			
Date of Receipt:	RFN:	R:	QC:
No of Samples:	Databased:	Final report sent:	
Booked in By:	BB Ref Range:		