

Panel Testing Submission Form

Client's name and address:

	Postcode:
Tel:	

Account Payable By:

Report to:

Address where birds kept, if different from above:

	Postcode:
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Bird Details:

Species: Chicken Turkey Other

Breed/Strain: Please specify Age: Weeks/Days

Sample Details:

Date Taken: Date Posted:

Number of samples Would you like swabs to be pooled in groups of 5? Yes No

Type of sample.

Blood

Swab: Tracheal Choanal Oropharyngeal Cloacal Other

FTA

Note: blood samples and FTA cards will be individually tested for all the tests below.

Swabs can be pooled in groups of 5 (i.e., 5 swabs tested as 1 pool for each panel selected) or they can be tested individually.

Vaccination history and clinical symptoms

Reason for submission (choose one) Routine monitoring Diagnostic

5 Panels

Please Tick one

Respiratory PCR Panel 1-(up to 5 swabs pooled): Mycoplasma sp/ART/IBV/ORT	
Respiratory PCR Panel 2-(up to 5 swabs pooled): Mg/Ms/ART/IBV/ORT	
Respiratory Serology ELISA Panel 3- (per sample): Mg/Ms/ART/IBV/ORT	
Broiler PCR Panel 4- IBV/IBD/ART/ORT	
Broiler serology ELISA Panel 5- IBV/IBD/ART/ORT	

Return samples to: Newbridge Scientific, Castle House, Dale Road, Sheriff Hutton, York YO60 6RZ