



Salmonella 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 to allow testing to begin within 4 days of sampling, if this is not possible a repeat sample will be required.

Client Details:

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

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

Additional Information:

Date of sampling	
House / unit number	
Flock codes / ref	

Sample Details (Indicate sample numbers):

Boot swabs (2x2) pairs	
Boot swabs (2x5) pairs	
One pair boot swabs & two hand swabs (caged/tier only)	
Chick box liners (min 25g)	
Dead on arrival (DOA) (up to 60)	
Composite faeces (min 2 x 150g)	
Dust (min 25g)	
Meconium (min 25g)	
Compost	
Other	
Environmental swab	
Poultry Health Scheme Sample (Yes/No)	

Sampled by	
Sign	
Date	

Species Please circle one	Broiler	Layer	Turkey	Certified organic or slow growing/slaughtered after 81 days broilers	
	Broiler Parent	Layer Parent	Turkey parent	Vaccine egg	Other
Age of birds		Days/Weeks			
Age birds arrived on farm		Days/Weeks			
Date of placement		MM/YY			
Environmental swabs Please indicate area sampled					Tick
Floor					
Walls					
Beams / Ledges					
Fans/ Inlets (including naturally ventilated sheds)					
Manure belts / Scratching areas					
Feeders					
Drinkers					
Nest boxes					
Egg belts					
Rodent faeces					
Bait box swab (if no rodent faeces available)					
Other (please specify)					

Laboratory Use Only

Date of Receipt:	RFN:	R:	QC:
No of Samples:	Databased:	Final report sent:	
Booked in By:	NBS Ref Range:		