

E.coli PCR 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:

Date of sampling:	
Sampled by:	
Species: Broiler/Layer/Turkey etc.	
Age of birds (day/weeks)	
Media used for presumptive identification:	

Analysis Required:

Identification of virulence genes and serotyping for E.coli	<input type="checkbox"/>
*If other or pooling required, please specify below:	

Sample Details:

Sample	House	Further details if applicable	Sample	House	Further details if applicable
1			4		
2			5		
3			6		

If you would like this isolate to be stored for potential autogenous vaccine production please tick below (*this sample will be stored for a maximum of 12 months*):

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

Newbridge Scientific
Newbridge Industrial Estate
1 Melville Park
Clifton Hall Road
Newbridge
EH28 8PJ