

## PCR 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:**

Sample	House	Area Sampled
1.		
2.		
3.		
4.		
5.		

**Analysis Required:** Mycoplasma gallisepticum  Mycoplasma synoviae  Other Mycoplasma spp.

Ornithobacterium (ORT)  Infectious Bronchitis (IBV)  Avian rhinotracheitis (ART)

Infectious Bursal Disease (IBD)  Circovirus  Herpes Virus

**Please give details if samples require pooling (up to 5 swabs can be pooled).**

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