|  |  |  |  |
| --- | --- | --- | --- |
| **Sample date:** |  | **PO:** |  |
| **Company/Client Name & Address (Invoice & send results to):** | **St Davids Poultry Team,**  **Nutwell Estate**  **Lympstone, Exmouth, Devon EX8 5AN** | | |
| **Farm Name & Address:** |  | **Postcode:** |  |
| **Vet Details:** |  | **Flock reference:** |  |
| **Species:** |  | **Age:** |  |
| ***Sample reference/ House/Line:*** |  | ***Number of samples***  ***Submitted:*** |  |

|  |  |
| --- | --- |
| **Internal Lab Ref:** |  |



**Avian Serology Submission Form  
 Lab email: enquiriesdungannon@scitech-labs.com**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BIOCHEK Tests Required ( \*\* UKAS 17025 Accredited Tests )** | | | | | | | | | | | | |
| ***BioChek Elisa*** | **Tick if required** | **No per House** | ***BioChek Elisa*** | | **Tick if required** | **No per House** | | ***BioChek Elisa*** | | **Tick if required** | | **No per House** |
| ***Adeno (Gp1)*** |  |  | ***IBD*** | |  |  | | ***ORT*** | |  | |  |
| ***AE*** |  |  | ***IBV*** | |  |  | | ***REO*** | |  | |  |
| ***AI (Gp A) \*\**** |  |  | ***ILT*** | |  |  | | ***REV*** | |  | |  |
| ***APV/ART*** |  |  | ***MG/MS \*\**** | |  |  | | ***Salm GpD*** | |  | |  |
| ***ALV-AG (p27)*** |  |  | ***MG \*\**** | |  |  | |  | |  | |  |
| ***BLS*** |  |  | ***MS \*\**** | |  |  | |  | |  | |  |
| ***CAV*** |  |  | ***MM \*\**** | |  |  | | ***MG (GameBird)\*\**** | |  | |  |
| ***EDS*** |  |  | ***NDV*** | |  |  | | ***NDV - F*** | |  | |  |
| **IDEXX Tests Required ( \*\* UKAS 17025 Accredited Tests ) – NB preferred option normally Biochek – see above** | | | | | | | | | | | | |
| ***IDEXX Elisa*** | **Tick if required** | **No per House** | ***IDEXX Elisa*** | | **Tick if required** | **No per House** | | ***IDEXX Elisa*** | | **Tick if required** | | **No per House** |
| ***AI (Gp A) \*\**** |  |  | ***MG/MS \*\**** | |  |  | | ***MS \*\**** | |  | |  |
| ***ALVGP-85*** |  |  | ***MG \*\**** | |  |  | |  | |  | |  |
| **HI Tests Required** | | | | | | | | | | | | |
| ***HI*** | **Tick if required** | **No per House** | ***HI*** | | **Tick if required** | **No per House** | | ***HI*** | | **Tick if required** | | **No per House** |
| ***IBV - M41*** |  |  | ***IBV - D1466*** | |  |  | | ***AI - H5*** | |  | |  |
| ***IBV - 793B*** |  |  |  | |  |  | | ***AI - H6*** | |  | |  |
| ***IBV - D274*** |  |  | ***EDS*** | |  |  | | ***AI - H7*** | |  | |  |
| ***IBV - 388 (Qx)*** |  |  | ***NDV*** | |  |  | | ***AI - H9*** | |  | |  |
| ***IBV - 755 (IO2)*** |  |  | ***PMV-3*** | |  |  | |  | |  | |  |
| **RSAT Tests Required ( \*\* UKAS 17025 Accredited Tests )** | | | | | | | | | | **Tick if required** | | **No per House** |
| **MG *\*\**/ MS *\*\** / MM** *(delete as appropriate)* | | | | | | *by* ***RSAT*** | | | |  | |  |
| ***S.pullorum / gallinarum*** ***\*\**** | | | | | | by ***RSAT*** | | | |  | |  |
|  | | | | | | | | | | | | |
| ***Serum Storage (indicate length required)*** *\* samples will be held for 5 days following issue of final report* | | | | *Not required \** | | | *3 months* | | *12 months* | | *24 months* | |
| ***Amount required per house*** | | | |  | | |  | |  | |  | |

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| **Additional information:** | **Date received:** |  |
| **Sampled by:** | **Received by:** |  |