

## Salmonella Sample Submission Form

ALL Shaded boxes in the table below MUST be completed for ALL samples for UKAS / Lion Code / APHA Compliance

| Invoicing name & Full Address<br>(Final results will be reported here unless otherwise instructed) | St David's Poultry Team<br>Head Office: Nutwell Estate, Lympstone,<br>Exmouth, Devon, EX8 5AN |               |              |             |      |
|--|---|---------------|--------------|-------------|------|
| Company/Farm Name<br>(& Address if different to above)   |   |               |              |             |      |
| Name of Person taking the Samples plus Contact Details   |   |               |              |             |      |
| Full Vet Address Details (must be completed)   |   |               |              |             |      |
| Producer Number(s) (must be completed)   | UK  | CPH LF        |              |             |      |
| House Reference (E.G. House 1)   |   |               |              |             |      |
| Date Birds Placed (Month/Year)   |   |               |              |             |      |
| Age of Birds when Placed in House (must be completed)  |   | Weeks         |              |             | Days |
| Age of Birds at time of Sampling: (must be completed)  |   | Weeks         |              |             | Days |
| Date and Time of Sampling: (must be completed)   | Date:   |               | Time:        |             |      |
| Date Samples Submitted (must be completed)   |   |               |              |             |      |
| Type of Flock Sampled & Breed (please circle from options)   | Breeder / Broiler / La  | yer / Pullet  | / Turkey     | Breed:      |      |
| Type of Housing (please circle from list)  | Colony Cage / Free Range / Barn/ Conventional<br>(Broiler Chicken & Turkey)                   |               |              |             |      |
| Has flock Been Vaccinated Against Salmonella<br>(If Yes please state Vaccine/s Used & Date/s)      |   |               |              |             |      |
| Reason For Sample Submission (please circle from options)  | Sample required under Voluntary Monitoring  | er the Nation | al Control P | rogrammes / |      |

## Please indicate number of samples in the relevant boxes

| Boot Swabs (Number of pairs 1x4 Per House)                             | Boot Swabs & Hand Swabs (Number of Pairs 1x2 + |  |
|--|--|--|
|  | 1x2 Per House)                                 |  |
|  | All samples into one bag                       |  |
| Dust (Min of 50g per sample)   | Bait/Rodent (Pad/Faeces) (x1 per House)        |  |
| Pre-Stocking Pads Rearing x6 (Per House)                               | Pre-Stocking Pads Rearing (x9 Per House)       |  |
| Faeces (Rearing 60g per sample)  | Faeces (2x150g Per Sample)                     |  |
| Dead On Arrival Chicks   | Chick Box/Hatchery Liners (Min 10)             |  |
| ll Samples Will Be Tested <u>Individually</u> unless stated (Please Se | ect)   |  |
| When sending in PRF HOUSING  | please send a separate RODENT PAD per house.   |  |

## Clients must indicate which Salmonella method is required, if unsure contact the laboratory for clarification

 EIB 9 - Salmonella isolation based on CSPO 2007
 EIB 8 - Required for Poultry

 (EIB (EIB 9 Required to be used on all BEIC Lion Code farm samples as well as Layer, Broiler and Turkey NCP samples)
 EIB 8 - Required for Poultry

 Samples MUST be received by Sci-Tech in time to allow testing to start within 4 days from the sampling date, otherwise they will not be suitable for testing and a repeat sample will have to be taken.
 EIB 8 - Required for Poultry