VETERINARY SCIENCES DIVISION
Agri-Food and Biosciences Institute

LABORATORY SUBMISSION FORM – POULTRY

VSD Ref No:

Vet/Organisation: _____

Owner's Name: _____

Address: _____

Postal code: _____

Phone No: _____

Copy to (1): _____ Copy to (2): _____

Total Submission(s): _____ Previous Ref No: _____

CLINICAL SIGNS:

Please tick appropriate box:

Broilers ☐ *Broiler Breeders* ☐ *Layers* ☐ *Layer Breeders* ☐ *Grandparent* ☐

ROSS ☐ *COBB* ☐ *ISABN* ☐ *HISEX* ☐ *Other* ☐

No of Batches _____

House No(s) _____ _____ _____ _____

No or % Dead: _____ _____ _____ _____

No or % Sick: _____ _____ _____ _____

No in Affected House: _____ _____ _____ _____

Treatment: _____

No of Birds on Site: _____ How Many Houses: _____

Litter ☐ *Free Range* ☐ *Cages* ☐ *Barn* ☐

Age: _____ weeks _____ days

Sex: Male ☐ Female ☐ Both ☐