

LABORATORY SUBMISSION FORM - POULTRY SAMPLES

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

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