STONY LANE LABORATORIES LTD TRADING AS CROWSHALL VETERINARY SERVICES

Philip P Hammond
BVetMed PGCert Avian Health (hons) MAHM MRCVS

lan S Lowery
RVetMed PGCert ILHIP MRCVS

Sally H Hutton BVSc MSc MRCVS Henry Lamb BVetMed MRCVS

Completing this submission form means that you are giving Crowshall Veterinary Services permission to hold your personal data. Please refer to the Crowshall Veterinary Services Data Protection Policy Statement for more information. This is on display on our noticeboard or available at crowshall.co.uk.

Salmonella Sample Submission Form

Shaded boxes below must be filled in for UKAS/NCP/PHS Compliance

Company Name	Site Name	
Company Address	Site Address	
CPH Number	Reason Submitted (please circle)	NCP / PHS / Voluntary
Name of person taking sample(s)	Contact phone number / email (in case we need to discuss issues with samples or paperwork)	
Date of Sampling	Date flock placed in house MM/YYYY	

SPECIES	PLEASE TICK
CHICKEN	
TURKEY	
DUCK	
OTHER (PLEASE SPECIFY)	

WHERE WERE SAMPLES TAKEN?	PLEASE TICK YPE OF BIRDS	PLEASE TICK
SHED / HOUSE WITH BIRDS PRESENT	PRODUCTION MEAT	
EMPTY SHED / HOUSE	BREEDERS	
HATCHERY	LAYERS	
BARN	REARING	
FREE RANGE	OTHER (PLEASE SPECIFY)	

House / Shed / Area	Age (Days)	Age (Weeks)	Flock Code or Ref	House / Shed / Area	Age (Days)	Age (Weeks)	Flock Code or Ref

PLEASE NOTE: INFORMATION PROVIDED ON THIS FORM WILL BE USED TO GENERATE THE TEST REPORT. THE LABORATORY CANNOT ACCEPT RESPONSIBILITY FOR THE ACCURACY OF THIS INFORMATION OR ANY IMPACT ON THE VALIDITY OF RESULTS. FOR UKAS/NCP/PHS COMPLIANCE PLEASE ENSURE ALL REQUIRED INFORMATION IS SUPPLIED AND ACCURATE.

PLEASE ENTER SAMPLE DETAILS OVERLEAF.

PLEASE USE A SEPARATE FORM FOR EACH SAMPLE TYPE AND TEST

NCP SAMPLES AND TEST REQUIRED

SAMPLE TYPE	TEST	No. SAMPLES SUBMITTED
BOOTSWABS (2 PAIRS PER HOUSE)	MSRV	
BOOTSWABS (5 PAIRS PER HOUSE)	MSRV	
CULLED CHICKS / POULTS (10 CHICKS)	MSRV	
DEAD IN SHELL EGGS (10 EGGS)	MSRV	
DEAD ON ARRIVAL CHICKS / POULTS	MSRV	
HATCHER TRAY LINERS	MSRV	
PRE-STOCKING ENVIRONMENTAL SWABS (min 10)	MSRV	
OTHER (PLEASE SPECIFY)	MSRV	

POULTRY HEALTH SCHEME (PHS) SAMPLES AND TEST REQUIRED

SAMPLE TYPE	TEST	No. SAMPLES SUBMITTED
CULLED CHICKS / POULTS (20 CHICKS)	SELENITE	
CULLED CHICKS (10) & DEAD IN SHELL CHICKS (10)	SELENITE	
POOLED CAECAL/FAECAL DROPPING SAMPLES x 60 - May be tested in pools of up to 10 individual droppings. (6 x 10 composite samples per house) (MINIMUM 20g NEEDED FOR TESTING)	SELENITE	
HATCHERY FLUFF (MINIMUM 20g NEEDED FOR TESTING)	SELENITE	
MECONIUM (MINIMUM 20g NEEDED FOR TESTING)	SELENITE	
OTHER (PLEASE SPECIFY)	SELENITE	

VOLUNTARY SAMPLES AND TEST REQUIRED

SAMPLE TYPE	TEST	No. SAMPLES SUBMITTED	
CHICK BOX LINERS (MINIMUM 10)	MSRV		
CLOACAL SWABS (5 PER FLOCK)	MSRV		
DUST (50g) NUMBER OF SAMPLES SUBMITTED	MSRV	DECLARATION: IF LESS THAN 50g AVAILABLE PLEASE SUBMIT ALL AVAILABLE DUST AND SIGN DECLARATION BELOW: I CONFIRM THAT THERE WAS LESS THAN 50g DUST AVAILABLE TO SUBMIT SIGNED	
ENVIRONMENTAL SWABS	MSRV		
MECONIUM (MINIMUM 20g NEEDED FOR TESTING)	MSRV		
HATCHERY DEBRIS/SHELL (MINIMUM 25g NEEDED FOR TESTING)	MSRV		
HATCHERY FLUFF (MINIMUM 20g NEEDED FOR TESTING)	MSRV		
, ,	SELENITE		
ENVIRONMENTAL SWABS	SELENITE		
HATCHER TRAY LINERS (10 POOLED PER FLOCK/HOUSE)	SELENITE		
OTHER	MSRV		
(PLEASE SPECIFY)	SELENITE		

SAMPLES <u>MUST</u> BE RECEIVED BY THE LABORATORY TO ALLOW TESTING TO COMMENCE WITHIN <u>4 DAYS OF SAMPLING</u>. IT IS THE <u>OWNER'S</u> RESPONSIBILITY TO ENSURE THIS TIMELINE IS ADHERED TO. IT IS RECOMMENDED THAT GUARANTEED NEXT-DAY DELIVERY SERVICES ARE USED FOR SAMPLES SUBMITTED BY POST.