CROWSHALL VETERINARY SERVICES LLP

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LION CODE Salmonella Sample Submission Form

| Shaded boxes below must be filled in for UKAS/LION CODE Compliance | | | | | | | | | | | |
|---|-------------|-------------------------|----------------|-------------------------------|--|---------------|----------------|---------------------------|--|--|--|
| Company Name | | | | | Site Name | | | | | | |
| Company Address | | | | | Site Address | | | | | | |
| Name of person taking sample(s) | | | | | Contact phone num email (in case we need to discuss issues with sample paperwork) | .0 | | | | | |
| Date of Sampling | | | | Producer Establishi Number | ment | UK | | | | | |
| WHERE WERE | SAMPL | PLES TAKEN? PLEASE TICK | | TYPE | OF BIRD | S | PLEASE TICK | | | | |
| SHED / HOUSE WITH BIRDS PRESENT | | | | BREEDER LAYERS | | | | | | | |
| EMPTY SHED / HOUSE | | | | BREEDER PULLET REARING | | | | | | | |
| MULTI-TIER HOUSE | | | | PULLET REARING | | | | | | | |
| MOBILE HOUSING | | | | | LAYERS | | | | | | |
| HATCHERY | | | | | | | | | | | |
| FEED MILL | | | | OTHER (PLEASE SPECIFY) | | | | | | | |
| Were birds receiving antibiotic at time of sampling? (Please Circle as Appropriate) YES / NO | | | | | | | | | | | |
| Shed / House Number or Area | Age (Day | | Age (Weeks) | Date Housed MM/YYYY | Shed / House Number or Area | Age (Days) | Age (Weeks) | Date Housed MM/YYYY | | | |
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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/LION CODE COMPLIANCE PLEASE ENSURE ALL REQUIRED INFORMATION IS SUPPLIED AND ACCURATE.

PLEASE ENTER SAMPLE DETAILS OVERLEAF.

All Sample Types tested by MSRV

| All Sample Types tested by MSRV | No. | | | | | |
|---|----------------------|--|------------------------------|---|----------------|--|
| Sample Type | Samples Submitted | Declaration / Additional Information | | | | |
| BOOTSWABS (2 PAIRS PER HOUSE) | | | | | | |
| BOOTSWABS (5 PAIRS PER HOUSE) | | | | | | |
| MOBILE HOUSING ONLY BOOT SWABS (1 PAIR PER MOBILE – minimum 2 pairs, maximum 6 pairs) | | | | | | |
| MULTI-TIER HOUSING ONLY POOLED BOOT SWABS / MUCK BELT HAND SWABS (1 pair boot-swabs, 2 hand swabs in a pool) | | | | | | |
| CHICK BOX LINERS (MINIMUM 10 required for compliance) | | | | | | |
| COMPOSITE FAECES (60g) | | | | | | |
| COMPOSITE FAECES (2 x 150g) | | | | | | |
| DEAD ON ARRIVAL CHICKS / POULTS (MAXIMUM 60) | | | | | | |
| POULTRY FEED (50g required for compliance) | | | | | | |
| DUST (50g required for compliance) | | 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 | | | | |
| | | SIGNED | | | | |
| HATCHER TRAY LINERS – DAY OLD (MINIMUM 10 required for compliance) | | | | | | |
| BREEDER PULLET REARING 6 x POST CLEANING GAUZE SWABS (FLOORS for litter houses OR MANURE BELTS/DROPPINGS BOARDS for cage houses, WALLS, HIGH BEAMS, FANS, INHOUSE FEEDERS, IN-HOUSE DRINKERS) PLUS, ALL AVAILABLE RODENT FAECES | | submit a swa (bait box) and available. | b from area d declare tha | are available you Mess around the roders at no rodent faeces ITTED (PLEASE CI | t boxes was | |
| (UP TO 25g) | | | YE | S / NO* | | |
| The faeces or bait box swab <u>MUST</u> be submitted in a separate bag to the post-cleaning swabs. | | * I CONFIRM THAT THERE WERE NO RODENT FAECES AVAILABLE TO SAMPLE & A RODENT BOX SWAB HAS BEEN SUBMITTED | | | | |
| LAYING BIRDS 9 x POST CLEANING GAUZE SWABS (FLOORS, WALLS, HIGH BEAMS, FANS, MANURE BELTS, IN HOUSE FEEDERS, IN HOUSE DRINKERS, NEST BOXES, EGG DELIVERY BELTS) PLUS, ALL AVAILABLE RODENT FAECES | | Where no rodent faeces are available you MUST submit a swab from areas around the rodent boxes (bait box) and declare that no rodent faeces was available. RODENT FAECES SUBMITTED (PLEASE CIRCLE) YES / NO* | | | | |
| (UP TO 25g) The faeces or bait box swab MUST be submitted in a separate bag to the post- | | * I CONFIRM THAT THERE WERE NO RODENT FAECES AVAILABLE TO SAMPLE & A RODENT BOX SWAB HAS BEEN SUBMITTED | | | | |
| cleaning swabs. | | SIGNED | | | | |
| MOBILE HOUSING ONLY POST CLEANING COMPOSITE GAUZE SWABS - | | NUMBER OF MOBILES | | NUMBER OF GAUZE SWABS PER MOBILE | | |
| VEHICLE GAUZE SWABS (MINIMUM 3 for compliance - CRATES/MODULES, TRUCK BED, CAB AND FOOT-WELL) | | | | | | |
| OTHER (PLEASE SPECIFY) | | | | | | |

SAMPLES <u>MUST</u> BE RECEIVED BY CROWSHALL 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.