## CROWSHALL VETERINARY SERVICES LLP

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## **SEROLOGY SUBMISSION FORM**

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## All information below must be filled in for UKAS Compliance

Company Name	Site Name	•	
Company Address	Site Addre	ess	
Date of Sampling	Species/Type o	f Bird	
House/Unit Numbers	Age of Birds	DA	YS WEEKS
Flock Codes/Ref:	No. Serum Sub	mitted	1

Details of Tests Required ONLY TESTS MARKED WITH AN ASTERISK ARE WITHIN THE SCOPE OF UKAS TESTING

TEST	TEST TYPE	NUMBER SAMPLES To TEST	TEST	TEST TYPE	NUMBER SAMPLES To TEST
Mycoplasma gallisepticum (MG)	RSA*		Mycoplasma gallisepticum (MG)	ELISA	
Mycoplasma synoviae (MS)	RSA*		Mycoplasma synoviae (MS)	ELISA	
Mycoplasma meleagridis (MM)	RSA*		Mycoplasma meleagridis (MM)	ELISA	
Salmonella pullorum/gallinarum (SP/SG)	RSA*		Avian Influenza (AI)	ELISA	
Infectious Bronchitis (M41)	ELISA		TRT/ART	ELISA	
Gumboro Disease (IBD)	ELISA		GUMBORO PREDICTION		
Reovirus	ELISA		IB QX	HI	
Newcastle Disease (ND)	ELISA		EDS	н	
Chick Anaemia (CAV)	ELISA		IB VARIANT PACKAGE	HI	
AE	ELISA		HEV AGAR	GEL	
ORT	ELISA		SERUM STORAGE		
OTHER (SPECIFY)			OTHER (SPECIFY)		

## **Any Other Important Information:**

Only samples taken submitted as above and with all the above information supplied will be tested and reported in accordance with UKAS. Samples should ideally be submitted to the laboratory on the day of sampling, or in any case within 48 hours. Please keep samples cool where possible.