CROWSHALL VETERINARY SERVICES LLP
Claire I F Knott BVM&S MRCVS
Philip P Hammond BVetMed PGCert Avian Health (hons) MAHM MRCVS
Ian S Lowery BVetMed PGCert ILHP MRCVS
Sally H Hutton BVSc MSc MRCVS
1 Crowshall Lane
Attleborough
Norfolk
NR17 1AD
Tel: 01953 455454
Fax: 01953 455661

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

LION CODE PACKING CENTRE - SALMONELLA SAMPLE SUBMISSION FORM

Shaded boxes below must be filled in for UKAS/LION CODE Compliance

Company Name		**Packing Centre Name / PC Number**	
Company Address		**Packing Centre Address**	
Name of person taking sample(s)		**Contact phone number / email** (in case we need to discuss issues with samples or paperwork)	

Sample Type (20 x eggs, Single Eggs, Grader Swabs, etc.)	**No. Samples**	**Producer Name/ Farm Name**	**Producer Establishment Number**	**LF Number**	**Sampling date** DD/MM/YYYY	**Date of Housing** MM/YYYY
			_/UK/_____			
			_/UK/_____			
			_/UK/_____			
			_/UK/_____			
			_/UK/_____			
			_/UK/_____			
			_/UK/_____			
			_/UK/_____			
			_/UK/_____			
			_/UK/_____			
			_/UK/_____			
			_/UK/_____			
			_/UK/_____			
			_/UK/_____			
			_/UK/_____			
			_/UK/_____			

Further Information:

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.

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