

CROWSHALL VETERINARY SERVICES LLP

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SEROLOGY SUBMISSION FORM

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/>.

All information below must be filled in for UKAS Compliance

Company Name		Site Name	
Company Address		Site Address	

Date of Sampling		Species/Type of Bird					
House/Unit Numbers		Age of Birds	<table border="1"> <tr> <td>DAYS</td> <td>WEEKS</td> </tr> <tr> <td></td> <td></td> </tr> </table>	DAYS	WEEKS		
DAYS	WEEKS						
Flock Codes/Ref:		No. Serum Submitted					

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	HI	
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.