

CROWSHALL VETERINARY SERVICES LLP

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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 DD/MM/YYYY | | Date flock placed in house MM/YYYY | |

| SPECIES | PLEASE TICK | WHERE WERE SAMPLES TAKEN? | PLEASE TICK | TYPE OF BIRDS | PLEASE TICK |
|------------------------|-------------|---------------------------------|-------------|------------------------|-------------|
| CHICKEN | | SHED / HOUSE WITH BIRDS PRESENT | | PRODUCTION MEAT | |
| TURKEY | | EMPTY SHED / HOUSE | | BREEDERS | |
| DUCK | | HATCHERY | | LAYERS | |
| OTHER (PLEASE SPECIFY) | | 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 |
|---------------------|------------|-------------|-------------------|---------------------|------------|-------------|-------------------|
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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/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 IF SAMPLES ARE TO BE POOLED PLEASE DETAIL HERE: | 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 | | |
| 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 (PLEASE SPECIFY) | MSRV | |
| | SELENITE | |

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.