

# St David's Laboratory Services General Submission Form

**SEND TO: ST DAVIDS LABORATORY SERVICES, 20 ROSKEEN ROAD. MOYGASHEL, DUNGANNON, BT71 7RG**

Company / Client Name ..... Purchase order number:.....

Farm Details ..... Flock Reference .....

House Reference..... Age ..... Date of Sampling.....

Number of samples ..... **Vet results to go to:** .....

**Tick Species:** Layers ..... Breeders..... Broilers..... Turkeys..... Ducks.....

### Tests Required

<b>Elisa</b>	<i>Tick if required</i>	<i>No per House</i>	<b>Elisa</b>	<i>Tick if required</i>	<i>No per House</i>
Adeno (Gp1)			ILT		
AE			MG/MS		
AI (Gp A)			MG		
APV			MS		
BLS			MM		
CAV			NDV		
EDS			ORT		
IBD			REO		
IBV			THE		

<b>HI *</b>	<i>Tick if required</i>	<i>No per House</i>	<b>HI *</b>	<i>Tick if required</i>	<i>No per House</i>
IBV - M41			IBV – 755 (IO2)		
IBV - 793B			IBV - D1466		
IBV - D274			AI H5		
IBV – 388 (Qx)			AI H7		

### PCR Tests

	<i>Tick if required</i>	<i>No per House</i>
MG+MS – <i>throat swabs, tested in pools of 5.</i>		
Histomonas meleagridis (Blackhead) – <i>Tissue or Dust samples</i>		

### Other Tests

	<i>Tick if required</i>	<i>No per House</i>
MG		
MS		
MM		
S.pullorum / gallinarum		
S.pullorum / gallinarum		
Water Aerob/Coliform 37°C		
Water Aerob/Coliform 37°C + 22°C		
Serum Storage (24 months unless specific arrangements made)		

Notes:

Name of person submitting samples..... Signature.....

Person to be contacted with results.....

Contact details phone.....email.....

(A separate submission form must accompany every set of swabs / blood samples submitted).