

SAMPLE SUBMISSION FORM

CONTACT DETAILS		SAMPLING DATE:
Company:	E-mail address:	Signature:
Technician in charge:	Phone number:	

SAMPLE DATA		
Reference:	Age or Birth date:	Quantity:
Type of bird:	Type of sample:	
ADDITIONAL INFORMATION:		

REQUESTED ANALISYS						
NECROPSY	<input type="checkbox"/> Clinical necropsy	<input type="checkbox"/> Bird sampling				
BACTERIOLOGY	<input type="checkbox"/> Salmonella detection (ISO 6579-1)	<input type="checkbox"/> Bacterial quantification	<input type="checkbox"/> S.Pullorum/Gallinarum isolation			
<input type="checkbox"/> Others:	<input type="checkbox"/> Salmonella spp PCR (M-97)	<input type="checkbox"/> Antibiogram	<input type="checkbox"/> Bacterial inhibitor detection			
	<input type="checkbox"/> Salmonella spp serotyping (M-9)	<input type="checkbox"/> ORT isolation	<input type="checkbox"/> Avibacterium paragallinarum isolation			
	<input type="checkbox"/> Campylobacter spp detection (ISO)	<input type="checkbox"/> Bacterial isolation	<input type="checkbox"/> Monophasic S.Typhimurium PCR			
PARASITOLOGY	<input type="checkbox"/> Parasitological identification	<input type="checkbox"/> Parasitological quantification	<input type="checkbox"/> Others:			
MICOLOGY	<input type="checkbox"/> Fungal identification	<input type="checkbox"/> Fungal quantification	<input type="checkbox"/> Others:			
SEROLOGY	RPA	<input type="checkbox"/> Mg	HI	<input type="checkbox"/> IB ...	ELISA	<input type="checkbox"/> ILT
<input type="checkbox"/> Others:		<input type="checkbox"/> Ms		<input type="checkbox"/> NCD		<input type="checkbox"/> EA
		<input type="checkbox"/> Sp		<input type="checkbox"/> EDS		<input type="checkbox"/> IBV
	HI	<input type="checkbox"/> IB M41		<input type="checkbox"/> Mg		<input type="checkbox"/> CAV
		<input type="checkbox"/> IB D274		<input type="checkbox"/> Ms		<input type="checkbox"/> IA
		<input type="checkbox"/> IB 793B	ELISA	<input type="checkbox"/> IBD	<input type="checkbox"/> Mg	<input type="checkbox"/> Ms
		<input type="checkbox"/> IB QX		<input type="checkbox"/> REO	<input type="checkbox"/> West Nile	
		<input type="checkbox"/> IB IT02		<input type="checkbox"/> TRT	<input type="checkbox"/> Adenovirus Group 1	
VIROLOGY	<input type="checkbox"/> Virus isolation	<input type="checkbox"/> Vaccine titration	<input type="checkbox"/> Others:			
MOLECULAR BIOLOGY	RT-PCR	<input type="checkbox"/> IA	PCR	<input type="checkbox"/> Mg	PCR	<input type="checkbox"/> Chlamydochila psittaci
<input type="checkbox"/> Others:		<input type="checkbox"/> NCD		<input type="checkbox"/> Ms		<input type="checkbox"/> Adenovirus Group 1
		<input type="checkbox"/> IB		<input type="checkbox"/> ILT		<input type="checkbox"/> EDS
		<input type="checkbox"/> IBD		<input type="checkbox"/> POX		<input type="checkbox"/> ORT
		<input type="checkbox"/> REO		<input type="checkbox"/> CAV	<input type="checkbox"/> Marek 1	<input type="checkbox"/> Marek 3
		<input type="checkbox"/> TRT		<input type="checkbox"/> Coryza	<input type="checkbox"/> Sequencing	
WATER	<input type="checkbox"/> Bacteriological	<input type="checkbox"/> Physical and Chemical				
HISTOPATHOLOGY	<input type="checkbox"/> Histopathological study (suspicion):					