



AVIAN TESTS

				Please indicate test required				
Name, Chip or Ring Number *	Biobest Use Only		Species**	Sex Determination	Chlamydia	PBFD	Polyoma	Pigeon Circovirus
	Biobest Ref	Sample Type						

*It is essential that this box is completed for each sample. If telephoning with an enquiry please have this information ready, this will enable us to handle your enquiry promptly.

** Two different methods are used for sex determination, dependent on the species - please let us know the species.

Please specify how you would like results reported (please select 1 only, results provided by telephone will also be mailed.)

Fax:

Email:

Telephone:

Biobest Use Only			
Date of receipt:	Form no:		
No. of samples:	Rep:	Invoice:	
Booked in:	QC:	Vet:	
	Fax:	Date report faxed:	

Biobest Laboratories Ltd, 6 Charles Darwin House, The Edinburgh Technopole, Milton Bridge, Nr Penicuik, EH26 0PY, UK
 Tel: +44 (0)131 440 2628 Fax: +44 (0)131 440 9587
 email: enquiry@biobest.co.uk www.biobest.co.uk

Please note that the services performed by Biobest are subject to the Biobest Terms & Conditions of Supply which were updated on the 1st June 2009 and which are deemed to be incorporated into this contract. For a copy of these terms and information concerning the test methods employed, sample requirements and test pricing please contact Biobest or visit www.biobest.co.uk. Copyright © (2021) Biobest Laboratories Limited. Biobest hold ISO:17025 accreditation for a number of our tests. A copy of our current schedule of accreditation can be found on our website at www.biobest.co.uk/about-us/quality



YOUR DETAILS

Sender Information		Owner Information (if different)	
Name:		Name:	
Address:		Address:	
Postcode:		Postcode:	
Tel:		Tel:	
Fax:		Fax:	
Email:		Email:	
EU VAT (if appropriate)		EU VAT (if appropriate)	

PAYMENT OPTIONS

Our preferred payment method is Secure Card Payment E-Mail Link which will be sent to the customer upon receipt of samples. Payment can also be made cash or cheque.

PREFERRED METHOD

Card Payment E-Mail Link

A secure card payment link will be sent to the email address provided when the sample is received.

Cash

Cheque

Name:	Sexing Kits		Disease Kits	
	Type	Number required	Type	Number required
Address:	Egg membrane or tissue		Tissue	
	Feather		Feather	
	Blood		Blood	
	Mouth swab		Faeces	

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