



AVIAN TESTS (VET PRACTICE ONLY)

VET DETAILS		DATE SENT
Contact name:		OWNER DETAILS
Practice:		
Address:		
Tel:		
Email:		Name:

CLINICAL HISTORY

Name, Chip or Ring Number *	Biobest Use Only		Species **	Sex Determination (Standard)	Chlamydia	PBFD	Polyoma	Pigeon Circovirus (min 5 samples)
	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.

FOR BIOBEST USE ONLY	DATE OF RECEIPT:	INVOICE:
NO. OF SAMPLES:	FORM NO:	VET CHECKED:
BOOKED IN:	DATABASED:	REPORTED PRACTICE:
CHECKED:	REF CHECKED:	