

Avian PCR Lab Submission Form



Date Sent:

Fax:

Sender:

Email:

Preferred Reporting Method (Select only one)

Fax:

Email:

Biobest Use Only

| | | |
|------------------|--------------|----------------|
| Date of receipt: | Databased: | Reference QC: |
| No. of samples: | Report type: | Emailed/Faxed: |
| Booked in by: | RFN: | |

* Three different methods are used for sex determination, dependent on the species. Please let us know the species to ensure the correct is used.

** For Pigeon Circovirus a minimum of 5 samples is required

| No. | Sample Ref | Biobest Ref | Sample Type | Species* | Sexing | Chlamydia | PBFD | Polyomavirus | Pigeon Circovirus** |
|-----|------------|-------------|-------------|----------|--------|-----------|------|--------------|---------------------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| | | Reported | | | | | | | |
| | | QC | | | | | | | |

Biobest Laboratories Ltd, 6 Charles Darwin House, The Edinburgh Technopole, Milton Bridge, Nr Penicuik, EH26 0PY, UK

Tel: +44 (0)131 440 2628 (Edinburgh) 01856 878293 (Orkney) Fax: +44 (0)131 440 9587

email: enquiry@biobest.co.uk www.biobest.co.uk

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