

Avian PCR Vet Practice Submission Form



Vet Details	Owner Details
Contact Name:	Name:
Practice:	Clinical History
Address:	
Telephone number:	
Email address:	

Name, Chip or Ring Number *	Biobest Use Only		Species **	Sex Determination	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.

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

Biobest Use Only		
Date of receipt:	Databased:	Reference QC:
No. of samples:	Report type:	RFN:
Booked in by:	Emailed/Faxed:	

Please send samples and fully completed form to:

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

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