Avian PCR Submission Form



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Sender Name:				Owner Name (If different):							
Address:			A		ddress:						
Tel:						Tel:					
Email:					Email:						
Biobest Use Only							Ę				samples)
Biobest Ref	Sample Type		Name, Chip or Ring Number *		Species **		Sex Determination	Chlamydia	PBFD	Polyoma	Pigeon Circovirus (min 5 samples)
001											
002											
003											
004											
005											
				F	Reported:						
						QC:					
* It is essential that this box is completed for each sample. If telephoning with an enquiry please have this informationready, 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.											
Payment	t Email:			-18							
Secure Card Payment E-mail Link (preferred)					BACS Bank Transfer						
Biobest Use Only											
No. of Samples:			Databased:	Jal	Comy	RFN:					
Booked in by:			Ref Check:								
booked III by.			Report Sent:								

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