

Avian PCR Vet Practice Submission Form



Vet Name:		Owner Name:	
Practice:		Clinical History: (Please include details of any recent foreign travel, contact with imported animals or association with any infectious disease outbreaks)	
Address:			
Tel:			
Email:			

Biobest Use Only		Sample Ref *	Species **	Sex Determination	Chlamydia	PBFD	Polyoma	Pigeon Circovirus (min 5 samples)
Biobest Ref	Sample Type							
001								
002								
003								
004								
005								
006								
007								
			Reported:					
			QC:					

* 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		
No. of Samples:	Databased:	RFN:
	Ref Check:	
Booked in by:	Report Sent:	

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Please note that the services performed by Biobest are subject to the Biobest Terms & Conditions of Supply which were updated January 2021 and which are deemed to be incorporated into this contract. The animal owner has given permission for any remnant samples to be used for clinical research. 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 (2025) Biobest Laboratories Limited