

Purchase order number: \_\_\_\_\_

Invoice number: \_\_\_\_\_

SF-17



<b>FOR LABORATORY USE:</b>				<b>NAME OF SENDER:</b>				
<b>DATE RECEIVED AT LABORATORY:</b>				<b>CONTACT DETAILS OF SENDER:</b>				
<b>LIMS NR:</b>				<b>EMAIL ADDRESS OF SENDER:</b>				
<b>DATE SENT</b>				<b>STATE VETERINARIAN</b>				
<b>DATA CHECK:</b>				<b>SITE/FARM NAME:</b>				
<b>REPORT REFERENCE:</b>				<b>FLOCK/CYCLE:</b>				
				<b>GPS COORDINATES/LOCATION OF SITE/FARM:</b>				
				<b>SPECIES SAMPLED:</b>				
<b>PRELIMINARY</b>		<b>FINAL</b>		<b>PURPOSE OF SAMPLING:</b>		<b>DIAGNOSTIC</b>	<b>ROUTINE</b>	<b>VACCINATION STATUS</b>
<b>TS:</b>	<b>DATE:</b>	<b>TS:</b>	<b>DATE:</b>	<b>SAMPLE TYPE:</b>				

<b>FOR LABORATORY USE:</b>				<b>SAMPLE INFORMATION: (a Minimum of 30 samples per farm is required for testing)</b>				<b>DATE OF SAMPLING:</b>			
				<i>TESTING REQUIREMENTS: (The tests selected below will be applied to all samples submitted with this form.)</i>							
<b>SERUM QUALITY</b>			<b>INTERNAL SAMPLE ID:</b>	<b>HOUSE NO:</b>	<b>FLOCK AGE:</b>		<b>NUMBER OF TUBES SUBMITTED PER HOUSE</b>	<b>Select Analyses</b>	<b>ASSAY NAME:</b>	<b>ABV</b>	<b>METHOD</b>
<b>GOOD</b>	<b>MODERATE</b>	<b>POOR</b>			<b>Days</b>	<b>Weeks</b>					
									Avian Influenza virus (Idexx)	AI (I)	VTEC-01
									New Castle Disease	NDV	VTEC-02
									Avian Encephalomyelitis virus*	AE*	VTEC-03
									Avian Leukosis Virus*	ALV*	VTEC-04
									Avian Rhinotracheitis Virus*	ART*	VTEC-05
									Big Liver and Spleen Disease*	BLS*	VTEC-03
									Egg Drop Syndrome*	EDS*	VTEC-03
									Fowl Adeno Virus*	FAV*	VTEC-06
									Infectious Bursal Disease Virus*	IBD*	VTEC-03
									Infectious Bronchitis Virus*	IBV*	VTEC-03
									Infectious Laryngotracheitis Virus*	ILT*	VTEC-07
									Mycoplasma gallisepticum*	Mg*	VTEC-08
									Mycoplasma synoviae*	Ms*	VTEC-08
									Mycoplasma gallisepticum+synoviae*	Mg+Ms*	VTEC-08
									Ornithobacterium rhinotracheale Bacteria*	ORT*	VTEC-09
									Chicken Anaemia Virus*	CAV*	VTEC-07
									Salmonella enteritidis	Se	VTEC-10
									Avian Influenza virus (Biochek)	AI (B)	VTEC-11
									New Castle Disease F-protein	NDV-F	VTEC-12
									Avian Influenza Virus (HI)	AI (HA/Hi) <sup>#</sup>	VTEC-13

Sampling remains the responsibility of the client, the laboratory's preferred sample container is the Yellow top blood tubes containing clot activator and separating gel. Please note samples need to be kept in a cooler box and transported in accordance with the National Road Traffic Act and Regulations (Triple Packaging), samples must be delivered within 24 hours. If the samples are not properly handled or sealed, it might influence the sample quality and possibly the test results. The onus lies with the client to ensure that samples are received within the set timeframe, the laboratory may reject any sample that is of poor quality. In which case a new sample will need to be submitted by the client. Methods marked with a "\*" are not accredited. Methods marked with a "#"  
are Subcontracted, Results may be shared with a third party for example in the case of an audit, but this third party will also be bound by confidentiality. All Notifiable Disease results will be shared with the applicable State Veterinarian as required by National Regulations.