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morne@envirocarelab.co.za
Tel: 0182944283
Cell: 0713535740
6 du Plooy str
Potchefstroom
2531

Purchase Order Number: _____

Invoice Number: _____

Analysis request form: VETERINARY - Avian

Customer information	Owner/Veterinarian	For Laboratory use:	
NAME OF SENDER:			
CONTACT DETAILS OF SENDER:		DATE RECEIVED:	
EMAIL ADDRESS OF SENDER		LIMS NR:	
STATE VETERINARIAN		INVOICE:	
SITE/FARM NAME:		DATE SENT:	
FLOCK/CYCLE:		DATA CHECK:	
GPS COORDINATES/LOCATION OF SITE/FARM:		REPORT	
DATE OF SAMPLING:		TECHNICAL SIGNATORY	
SAMPLER:		TS:	
SAMPLE TYPE:	Blood on Guthrie Card ☐ FAECAL ☐ SWABS ☐	DATE:	

#	Sample Description	SPECIES	SEX (IF KNOWN)	PBFD	SEXING	EPG	OPG

Other analysis required:

Sampling remains the responsibility of the client. 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). 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. 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.

Key:

PBFD: Psittacine beak and feather disease	Sexing (Specie ID Compulsory)	EPG: Helminth Faecal Egg Count	OPG: Oocyst Egg Count (Coccidia spp)

SUBMIT