

# POULTRY SUBMISSION FORM

(excluding lesion examination)

## SITES FOR ACCREDITED ANALYSIS\*

	Châteaubourg	Arzacq-Arraziguet	Secondigny	Loudéac	Ploumagoar
Detection of <i>Salmonella</i> NF U47-100 and variant, NF U47-101	✓	✓	✓	✓	✓
Detection of mycoplasmas by RSAT NF U47-012 (February 2009, withdrawn)	✓	✓	✓	✓	
Detection of <i>Salmonella Gallinarum Pullorum</i> by RSAT NF U47-034	✓	✓	✓	✓	
Detection of AIV of subtypes H5, H7 by real time PCR targeting M gene	✓	✓			
Detection of AIV by AGIDT and APMV-1 by HAIT	✓				
Detection of <i>Salmonella</i> NF EN ISO 6579	✓				

ADMINISTRATIVE INFORMATION	TECHNICAL INFORMATION
<b><u>SAMPLING SITE:</u></b> Name: Address: Postcode:                      Town: Administrative site if different from sampling site:  Phone No.: <b><u>National identification No.:</u></b> <b>Building:</b> <b>SIRET:</b> (mandatory for AIV detection) Client ref.: Organisation: Veterinarian:	<b><u>REASON FOR REQUESTING ANALYSIS:</u></b> <input type="checkbox"/> <i>Salmonella</i> regulations <input type="checkbox"/> Intra-EU trade <input type="checkbox"/> Monitoring during production <input type="checkbox"/> Other: <u>Production</u> <input type="checkbox"/> Breeder farm <input type="checkbox"/> Hatchery <input type="checkbox"/> Broiler farm <u>Type of farm</u> <input type="checkbox"/> Future breeder <input type="checkbox"/> Breeder <input type="checkbox"/> Future commercial egg-laying flock <input type="checkbox"/> Commercial egg-laying flock <input type="checkbox"/> Standard broiler <input type="checkbox"/> Organic broiler <input type="checkbox"/> Traditional free-range broiler <input type="checkbox"/> 'Label' broiler <input type="checkbox"/> Certified broiler <input type="checkbox"/> Embryonated eggs <input type="checkbox"/> Ready-for-gavage <input type="checkbox"/> Gavage <u>Species</u> <input type="checkbox"/> Hen <input type="checkbox"/> Cock <input type="checkbox"/> Other <input type="checkbox"/> Turkey <input type="checkbox"/> Guinea fowl <input type="checkbox"/> Chicken <input type="checkbox"/> Duck
<b><u>Sampler:</u></b> <b><u>Date sampled:</u></b> Technician:	<b><u>Age of animals:</u></b> <b><u>Original hatchery:</u></b> Flock code: No. of animals:
<b><u>INVOICED:</u></b> Name: Address: Postcode:                      Town:	<b><u>Vaccines other than <i>Salmonella</i>:</u></b> <b><u>Age for vaccination:</u></b> <b><u>Name of person requesting analysis:</u></b> <b><u>Signature**:</u></b>
<b><u>TRANSMISSION OF RESULTS:</u></b> <b>(For the transmission of results by e-mail, a signed proof agreement is required)</b> <input type="checkbox"/> Owner/producer <input type="checkbox"/> Veterinarian <input type="checkbox"/> Departmental bodies (DDCSPP/DDPP) <input type="checkbox"/> Organisation <input type="checkbox"/> Other:	<b><u>ADDITIONAL INFORMATION:</u></b>
<b>REQUEST FOR BACTERIOLOGICAL ANALYSIS (INCLUDING <i>SALMONELLA</i>)</b>	
<b>Detection of <i>Salmonella</i></b>	
<input type="checkbox"/> <b>Official control</b> <input type="checkbox"/> <b>Internal control</b>	
<input type="checkbox"/> <b>Environment</b> (In accordance with standard NF 47-100, current decrees) <input type="checkbox"/> <b>Lesion examination</b> of birds (In accordance with standard NF U47-101) <input type="checkbox"/> <b>Environment</b> for broiler chickens and fattening turkeys. (In accordance with standard NF U47-100 variant (MSRV), current decree or internal method (single enrichment step) for other species) <input type="checkbox"/> <b>Animal feed</b> , eggs, neck skins, muscles etc. (In accordance with NF EN ISO 6579, instructions in force)	
<b>MUST BE COMPLETED IF APPLICABLE</b> <b>For breeding hens and turkeys at the multiplication stage and future table egg layers.</b>	
<b><u>SALMONELLA VACCINATION</u></b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b><u>Date of vaccination:</u></b>	
<input type="checkbox"/> Live viral vaccine <input type="radio"/> AVIPRO SALMONELLA DUO <input type="radio"/> AVIPRO SALMONELLA VAC E <input type="radio"/> SALMOVAC <input type="radio"/> Other:	
<input type="checkbox"/> Inactivated viral vaccine:	

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\*BIO CHÊNE VERT is accredited by Cofrac Essais under numbers 1-6172: Châteaubourg site, 1-5528: Arzacq-Arraziguet site, 1-6173 : Secondigny site, 1-7231 : Labofarm-Loudéac site and 1-7232: Ploumagoar site (list of sites and scopes available on [www.cofrac.fr](http://www.cofrac.fr))

\*\*By placing an order or sending your sample to BIO CHÊNE VERT you are agreeing to our terms and conditions and confirm that you have read the sampling methods. The laboratory is not responsible for sampling.

**Analyses and sample references: see back page.**

Client ref.	Flock ref.	Building	Sampling zone	Sample type <sup>(2)</sup>	Number of samples	Date sampled	Age	Analysis requested <sup>(3)</sup>
<b>(2) 1.</b> Gauze without neutraliser <b>2.</b> Gauze with neutraliser <b>3.</b> Nest box bottom <b>4.</b> Dropping <b>5.</b> Shoe cover <b>6.</b> Day-old animal			<b>7.</b> Contact plate <b>8.</b> Contact plate <i>faecal streptococci</i> <b>9.</b> Water <b>10.</b> Animal feed <b>11.</b> Crushed eggshell (25g) <b>12.</b> Whole egg in shell		<b>13.</b> Whole egg without shell <b>14.</b> Neck skin (3 x 25g or 3 x 26g if additional detection of <i>Campylobacter</i> ) <b>15.</b> Deep muscle <b>16.:</b>			
<b>(3) Detection of <i>Salmonella</i> on egg in accordance with NF EN ISO 6579 accredited on 1 or 3 eggs</b> A. All <i>Salmonella</i> B. Group 1 for breeding and future breeding hens: <i>S. Enteritidis</i> , <i>S. Typhimurium</i> , <i>S. Kentucky</i> , <i>S. Hadar</i> , <i>S. Infantis</i> , <i>S. Virchow</i> C. Group 1 excluding breeding and future breeding hens: <i>S. Enteritidis</i> , <i>S. Typhimurium</i> , <i>S. Kentucky</i> D. <i>Salmonella Gallinarum Pullorum</i>								
<input type="checkbox"/> Tick this box to cancel the analysis if the sample quantity falls below the specified regulatory thresholds <input type="checkbox"/> — Mycoplasma culture								
<b>REQUEST FOR SEROLOGY AND PCR ANALYSIS</b>								
<b>Number of samples to store:</b>								
<b>RSAT</b>	<input type="checkbox"/> Internal control <input type="checkbox"/> Official control		<input type="checkbox"/> <i>Mycoplasma</i> NF U47-012 (Feb 2009, withdrawn) <input type="checkbox"/> <i>Salmonella Gallinarum Pullorum</i> NF U47-034:		<input type="radio"/> Mg ( <i>gallisepticum</i> ) <input type="radio"/> Ms ( <i>synoviae</i> ) <input type="radio"/> Mm ( <i>meleagridis</i> )			
<b>ELISA Vaccination</b>	<input type="checkbox"/> Haemorrhagic enteritis vaccine:      Date of implementation:				<input type="checkbox"/> Infectious Bursal Disease (IBD) vaccine: <input type="radio"/> Kouwenhoven's formula (≤ 6 days only) <input type="radio"/> Deventer formula			
<b>ELISA or PCR</b> <i>Indicate number</i>	<b>ELISA</b>				<b>PCR</b>			
	<b>Sample type:</b>				<b>Sample type:</b>			
	<input type="checkbox"/> Blood samples (serum) <input type="checkbox"/> Blotters <input type="checkbox"/> Other:				<input type="checkbox"/> Swab: <input type="radio"/> trachea <input type="radio"/> cloaca <input type="radio"/> palatine cleft <input type="radio"/> joints <input type="checkbox"/> Gauze: <input type="radio"/> with neutraliser <input type="radio"/> without neutraliser <input type="checkbox"/> Shoe cover <input type="checkbox"/> Dropping <input type="checkbox"/> Culture plate <input type="checkbox"/> Other:			
	<input type="checkbox"/> ___ Adenovirus		<input type="checkbox"/> ___ <i>Mycoplasma</i> : Mg/Ms		<input type="checkbox"/> ___ <i>Mycoplasma</i> : Mg/Ms		<input type="checkbox"/> ___ <i>Mycoplasma iowae</i>	
	<input type="checkbox"/> ___ Chicken Anaemia Virus		<input type="checkbox"/> ___ <i>Mycoplasma gallisepticum</i>		<input type="checkbox"/> ___ <i>Mycoplasma</i> : Mg/Ms/Mm		<input type="checkbox"/> ___ Chlamydophila	
	<input type="checkbox"/> ___ Infectious Bronchitis		<input type="checkbox"/> ___ <i>Mycoplasma synoviae</i>		<input type="checkbox"/> ___ Mg MG 6/85 vaccine strain		<input type="checkbox"/> ___ <i>Histomonas meleagridis</i>	
	<input type="checkbox"/> ___ Haemorrhagic enteritis		<input type="checkbox"/> ___ PMV1 (Newcastle's)		<input type="checkbox"/> ___ Ms MS_H vaccine strain		<input type="checkbox"/> ___ Coronavirus (IB) + typing	
	<input type="checkbox"/> ___ Infectious Bursal Disease		<input type="checkbox"/> ___ <i>Ornithobacterium</i>		<input type="checkbox"/> ___ <i>Ornithobacterium</i>		<input type="checkbox"/> ___ Coronavirus (IB) + sequencing	
	<input type="checkbox"/> ___ Infectious Laryngotracheitis		<input type="checkbox"/> ___ Duck Parvovirus		<input type="checkbox"/> ___ <i>Avibacterium paragallinarum</i>		<input type="checkbox"/> ___ Pneumovirus (SHS) + typing	
	<input type="checkbox"/> ___ Leukosis Virus antibodies to subgroup: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> J				<input type="checkbox"/> ___ <i>Salmonella</i> : SE, ST on MKTTn		<input type="checkbox"/> ___ Infectious Laryngotracheitis	
	<input type="checkbox"/> ___ Leukosis Virus antigen		<input type="checkbox"/> ___ Pneumovirus (SHS)		<input type="checkbox"/> ___ IBD VP1 sequencing		<input type="checkbox"/> ___ <i>Campylobacter</i> spp.	
	<input type="checkbox"/> ___ Parvovirus (Derzsy's)		<input type="checkbox"/> ___ Reovirus		<input type="checkbox"/> ___ IBD VP2 sequencing		<input type="checkbox"/> ___ <i>Campylobacter hepaticus</i>	
	<input type="checkbox"/> ___ <i>Salmonella</i> Enteritidis		<input type="checkbox"/> ___ Reticulo-endotheliosis		<input type="checkbox"/> ___ <i>Brachyspira (pilosicoli + intermediae)</i>			
	<input type="checkbox"/> ___				<input type="checkbox"/> ___ Parvovirus typing Derzy/Barbarie			
	<input type="checkbox"/> ___				<input type="checkbox"/> ___			
<b>Influenza</b> <i>Indicate number</i>	<b>ELISA</b>		<b>AGIDT</b>		<b>PCR</b> (Internal methods depending on chosen kit and protocol)			
	<input type="checkbox"/> ___ AIV <input type="checkbox"/> ___ AIV subtype H5 <input type="checkbox"/> ___ AIV subtype H7		<input type="checkbox"/> ___ AIV Type A (In accordance with standard NF U47-013, positive samples will be sent to the French National Laboratory for Health Control of Breeding Animals, LNCr)		<input type="checkbox"/> Internal control <input type="checkbox"/> Official control (Positive samples will be sent to the French National Laboratory for Health Control of Breeding Animals, LNCr)		<b>Sample type:</b> <input type="checkbox"/> Swab: <input type="radio"/> trachea <input type="radio"/> cloaca <input type="radio"/> environment <input type="checkbox"/> Gauze	
<b>HAIT</b> <i>Indicate number</i>	<input type="checkbox"/> ___ PMV1 (Newcastle's disease) (In accordance with standard NF U47-011)		<input type="checkbox"/> ___ PMV3		<input type="checkbox"/> ___ EDS'76		<input type="checkbox"/> ___	

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