đ	
	ABOFARM

## POULTRY SUBMISSION FORM

Lesion examination

SITES FOR ACCREDITED ANALYSIS* Detection of <i>Salmonella</i> NF U47-101 <sup>(1)</sup> Detection of mycoplasmas by RSAT NF U47-012 (February 2009, withdrawn) <sup>(2)</sup> Detection of <i>Salmonella Gallingrum Pullorum</i>	Châteaubourg ✓ ✓	Arzacq-Arraziguet ✓ ✓	Secondigny ✓ ✓	Labofarm - Loudéac ✓ ✓	Labofarm - Ploumagoar ✓		
Detection of <i>Salmonella Gallinarum Pullorum</i> by RSAT NF U47-034 <sup>(3)</sup>	1	✓	1	1			

ADMINISTRATIVE INFORMATION				I ECHNICAL INFORMATION							
SAMPLING SITE:				REASON FOR REQUESTING ANALYSIS:							
Name:				Internal control Ante Mortem							
Address:							□ Other:				
Postcode:		Town:		Production						er farm	
Administrative site if differe	nt froi	m sampling site	:	Type of	🗆 Futur	e breeder	-	□ Breed	ler		
				farm	🗆 Futur	e comme	rcial	🗆 Comr	nercial egg	g-laying	
Phone No.:					egg-laying flock flock						
National identification No.:					□ Standard broiler □ Organic						
Building:				□ Traditional free-range □ 'Label'							
Client ref.:					broiler				yonated e	ggs	
Organisation:					□ Certified broiler □ Gavage						
						y-for-gava	-				
Veterinarian:				Species	🗆 Hen		Cock		□ Other	:	
Sampler:		Date sampled			🗆 Turke	ey	🗆 Guine	ea fowl			
Technician:					Chick	en	Duck				
INVOICED:				Age of anim	als:						
Name:			Original hatchery:								
Address:				Flock code:							
Postcode:		Town:		Date of placement:							
				No. of animals:							
TRANSMISSION OF RESULT	<u>s:</u>										
(For the transmission of res	ults b	y e-mail, a sign	ed proof	Name of person requesting analysis:							
agreement is required)				Signature**:							
Owner/producer											
U Veterinarian											
<ul> <li>Departmental bodies (DD</li> <li>Organisation</li> </ul>	ICSPP/	DDPP)									
Organisation				Additional information:							
	_										
			REQUEST FOR LES								
Suspected disease:				Clinical sign							
Estimated date of onset of clinical signs:				□ Respiratory: □ Digestive:							
% of sick animals:				Other:							
Vaccines		Age fo	vaccination		D-5	D-4	D-3	D-2	D-1	D-0	
		•		Males							
				Females							
Sample type and quantity				Treatments	carried ou	t or in pro	gress:				
□ Animals: □ Other:		□ Organs:									
Requested analysis	🗆 Le	sion exam	□ Bacteriology <sup>(4)</sup>		Aycoplasm	na gallisen	ticum <sup>(2)</sup>		□ Aspergi	llus	
	□ Parasitology ○ Antibiogram										
Coprospcopy O Preserve the			e strain 🛛 <i>Mycoplasma meleagridis</i> <sup>(2)</sup> (turkey) 🖓 Culture								
$\Box$ Histology $\Box$ Salmonella <sup>(1)</sup>											
(4) The laboratory is the sole authority in assessing the performance of antibiograms and/or the storage of bacterial strains of interest, unless otherwise specified by crossing out the corresponding services.											
(5) Analyses follow <b>NF U 47-107</b> standards for Enterobacteriaceae and Staphylococcus. Antibiograms include an interpretation based on current CA-SFM recommendations.											

The client must ensure they possess the latest version of this document.

\*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)

\*\*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.