

CS Vet Lab Registration

No: \_\_\_\_\_

# Form Technical: Sample Submission Form

<b>Client Name:</b>	
Client Reference:	Date of Submission:
Consulting veterinarian:	Date of Collection:
<b>Authorization Signature for Test Requested:</b>	Samples collected by:
<b>Report Details (First Time Registration Only)</b>	
<b>Account Details (First Time Registration Only)</b>	
Name:	Name:
Postal Address:	Postal Address:
Physical Address:	Physical Address:
Contact Person:	Contact Person:
Tel No:	Tel No:
Fax No:	Fax No:
Email:	Email:
	VAT No:

	X	MICROBIOLOGY		Test Code	Sample Information	
		Aerobic Culture	CSVL13	Site:	Animal Species:	
		Specific Aerobic Culture – APP	CSVL01	House Number:	Animal Age:	
		Specific Aerobic Culture – <i>P. multocida</i>	CSVL02	Number of Samples:		
		Specific Aerobic Culture – <i>B. bronchiseptica</i>	CSVL03	Sample Description/Type:		
		Anaerobic Culture	CSVL17	History:		
		Antibiogram	CSVL16			
		Antibiotic Residues in Feed & Tissue	CSVL10			
X		HYGIENE SURVEY				Test Code
		Hygiene Survey – Contact Plates	CSVL05			
		Hygiene Survey – Environmental Swabs	CSVL30			
		Water Microbiology – Membrane Filtration	CSVL06			
		Total Plate Count in food / feeding stuff	CSVL07			
		<i>E. coli</i> Count in food / feeding stuff	CSVL08			
		Isolation & Detection of <i>Salmonella</i>	CSVL21			
X		REPRODUCTION		Test Code		
		Semen Batch Evaluation – 2 Days	CSVL14A			
		Semen Boar Evaluation – 1 Day	CSVL14B			
		Semen Morphology	CSVL18			
X		SEROLOGY		Test Code		
		Specify Test:	CSVL22			
X		ANIMAL FEED		Test Code		
		NIR Complete	CSVL20			
		Mycotoxins (Rida®Quick Scan) Aflatoxin	CSVL32			
		Mycotoxins (Rida®Quick Scan) Don	CSVL28			
		Mycotoxins (Rida®Quick Scan) Fumonisin	CSVL33			
		Mycotoxins (Rida®Quick Scan) Zearalenone	CSVL34			
		Sieve Test	CSVL31			
X		MICROSCOPY		Test Code		
		Faecal Flotation	CSVL11			
		Stain – Gram/Acid Fast/DiffQ	CSVL12			
X		OTHER		Test Code		
		Waste (e.g. Used Needles, etc.)	1SER11			
(additional space for notes/instructions on page 2)						
Test to be Subcontracted / Samples to be Sent Away						
Subcontractors Name:						
Test Requested:						

NOTE: Test requested will be handled as per our contract.

Additional notes/instructions for samples

FOR OFFICE USE ONLY	
Date Received:	Time Received:
Received By:	Sample Quantity:
Sample Condition on Receipt:	
Comment:	

Client communication (FOR OFFICE USE ONLY)	
Date:	Summary of discussion