

Sample Condition: \_\_\_\_\_  
Received by: \_\_\_\_\_  
Registered by: \_\_\_\_\_

**SUBMISSION FORM**  
IDL\_SF\_1.7

Person responsible for Account	Title:	Initials:	Farm/ Owner	Title:	Initials:
Surname:	Signature:		Surname:		
Company name:			Farm name:		
Postal address:			Farm address:		
Tel:	Fax:		Tel:	Fax:	
Cell:	Email:		Cell:	Email:	
Responsible Veterinarian: CCH / NMD / LV / JR / OTHER:					
<b>SPECIES:</b>		Species: _____	History: (treatments, vaccinations) _____		
<b>POULTRY</b>		Age: _____	State Veterinarian: _____		
<input type="checkbox"/> Breeder <input type="checkbox"/> Monitoring <input type="checkbox"/> Broiler <input type="checkbox"/> Screening <input type="checkbox"/> Layer <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Free range <input type="checkbox"/> Vaccination check		Sex: _____	Contact details: _____		
<b>OTHER</b>		No. of samples: _____			
<input type="checkbox"/> _____		Sampling date: _____			
		Sample type: _____			
		House/Site: _____			
<b>SEROLOGY</b>		<b>BACTERIOLOGY</b>		<b>**PCR</b>	
<b>ELISA – Ab</b>				<b>HISTOPATHOLOGY</b>	
<b>AVIAN</b> <input type="checkbox"/> OTHER <input type="checkbox"/> *NDV IDL_MN_13 <input type="checkbox"/> Ms IDL_MN_2 <input type="checkbox"/> Mg IDL_MN_3 <input type="checkbox"/> IBD IDL_MN_5 <input type="checkbox"/> IBD-plus IDL_MN_6 <input type="checkbox"/> IBV IDL_MN_4 <input type="checkbox"/> CAV IDL_MN_7 <input type="checkbox"/> AE IDL_MN_8 <input type="checkbox"/> TRT IDL_MN_12 <input type="checkbox"/> *NDV-F IDL_MN_24 <input type="checkbox"/> *SE IDL_MN_25 <input type="checkbox"/> *AI IDL_MN_14		<input type="checkbox"/> Total Colony Count IDL_MN_9 <input type="checkbox"/> Salmonella Detection IDL_MN_10 <input type="checkbox"/> **Antibiograms <input type="checkbox"/> Fungal Detection IDL_MN_26 <input type="checkbox"/> E.coli & Coliform IDL_MN_27 <input type="checkbox"/> Oocyst counts IDL_MN_28 <input type="checkbox"/> Enterobacteriaceae IDL_MN_11 <input type="checkbox"/> Yeasts & Moulds IDL_MN_29 <input type="checkbox"/> **Aerobic Culture <input type="checkbox"/> **Anaerobic Culture <input type="checkbox"/> OTHER _____		<input type="checkbox"/> NDV <input type="checkbox"/> Ms <input type="checkbox"/> Mg <input type="checkbox"/> TRT <input type="checkbox"/> IBD <input type="checkbox"/> IBV <input type="checkbox"/> Other _____ _____	
<b>BOVINE</b> <input type="checkbox"/> IBR IDL_MN_21 <input type="checkbox"/> BVDp80 IDL_MN_20 <input type="checkbox"/> BRSV IDL_MN_22 <input type="checkbox"/> OTHER _____		<input type="checkbox"/> Histopathology <b>**FEED SAMPLES</b> <input type="checkbox"/> Calcium <input type="checkbox"/> Protein <input type="checkbox"/> Phosphorous <input type="checkbox"/> Other <input type="checkbox"/> Magnesium <b>OTHER:</b> _____			
<b>SWINE</b> <input type="checkbox"/> MYHO IDL_MN_19 <input type="checkbox"/> SE/MR IDL_MN_23 <input type="checkbox"/> OTHER _____					
<b>SAMPLE IDENTIFICATION:</b>					
1.			11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

**DISCLAIMER**

- IDL reserves the right to refuse the acceptance and testing of unsuitable samples and incomplete submission forms
- \* Refers to test methods which are SANAS ISO/IEC17025:2017 Accredited and \*\* refers to testing which is outsourced
- Please note that "SE" refers to Salmonella Group D ELISA testing.
- IDL reserves the right not to test the samples if the Sample Submission form is not completed
- IDL reserves the right to refuse testing if the client's account is overdue
- The sender will be held responsible for the account if not otherwise instructed
- Should someone other than the sender be responsible for payment the relevant contact details and signature should appear on the form
- By signing this submission form, you agree to the test methods used by IDL or any other referral/subcontracted laboratory
- Samples will be retained by IDL for a period of 1 month after initial testing
- By signing this form you agree that SANAS/DAFF/ any other external auditors may view your details
- IDL's decision rule, that is based on ISO Guide 98-4, is included in the accredited method's secondary validation report. Should you wish to see the validation report, please contact the admin office

