



International Diagnostic Laboratory  
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DAFF Approval Number: DAFF-53  
 SANAS Accreditation Number: V0047

**LAB USE ONLY**

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

**SUBMISSION FORM**  
 IDL\_SF\_1.8

Person responsible for Account	Title:	Initials:	Farm/ Owner	Title:	Initials:
Surname:	Signature:		Surname:		
Company name:			Farm name:		
Postal address:			Farm address:		
PO/Ref number:			ZA number:		
Tel:	Fax:		Tel:	Fax:	
Cell:	Email:		Cell:	Email:	

Consulting vet name & contact details:

<b>SPECIES:</b>	Species: _____	History: (treatments, vaccinations) _____
<b>POULTRY</b>	Age: _____	_____
<input type="checkbox"/> Breeder <input type="checkbox"/> Monitoring	Sex: _____	_____
<input type="checkbox"/> Broiler <input type="checkbox"/> Screening	No. of samples: _____	State Veterinarian: _____
<input type="checkbox"/> Layer <input type="checkbox"/> Miscellaneous	Sampling date: _____	Contact details: _____
<input type="checkbox"/> Free range <input type="checkbox"/> Vaccination check	Sample type: _____	_____
<b>OTHER</b>	House/Site _____	_____
<input type="checkbox"/> _____		

SEROLOGY	BACTERIOLOGY	**PCR	HISTOPATHOLOGY
<b>ELISA – Ab</b>			
<b>AVIAN</b>	<input type="checkbox"/> Total Colony Count IDL_MN_9	<input type="checkbox"/> NDV	<input type="checkbox"/> Histopathology
<input type="checkbox"/> NDV IDL_MN_13	<input type="checkbox"/> Salmonella Detection IDL_MN_10	<input type="checkbox"/> Ms	
<input type="checkbox"/> Ms IDL_MN_2	<input type="checkbox"/> **Aspergillus enumeration	<input type="checkbox"/> Mg	<b>**FEED SAMPLES</b>
<input type="checkbox"/> Mg IDL_MN_3	<input type="checkbox"/> Fungal Detection IDL_MN_17	<input type="checkbox"/> TRT	<input type="checkbox"/> Calcium <input type="checkbox"/> Protein
<input type="checkbox"/> IBV IDL_MN_4	<input type="checkbox"/> E.coli & Coliform IDL_MN_18	<input type="checkbox"/> IBD	<input type="checkbox"/> Phosphorous <input type="checkbox"/> Other
<input type="checkbox"/> IBD-plus IDL_MN_6	<input type="checkbox"/> Oocyst counts IDL_MN_19	<input type="checkbox"/> IBV	<input type="checkbox"/> Magnesium
<input type="checkbox"/> IBD IDL_MN_5	<input type="checkbox"/> Enterobacteriaceae IDL_MN_11	<input type="checkbox"/> Other	
<input type="checkbox"/> CAV IDL_MN_7	<input type="checkbox"/> Yeasts & Moulds IDL_MN_23		<b>OTHER:</b>
<input type="checkbox"/> AE IDL_MN_1	<input type="checkbox"/> **Aerobic/Anerobic Culture		
<input type="checkbox"/> TRT IDL_MN_12	<input type="checkbox"/> **Antibiograms		
<input type="checkbox"/> NDV-F IDL_MN_24	<input type="checkbox"/> OTHER _____		
<input type="checkbox"/> SE IDL_MN_25			
<input type="checkbox"/> AI IDL_MN_14			

<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 and if the client's account is overdue
- Please note that the old Synbiotics test method number have been replaced by Biocheck test methods for the same diseases
- 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/DALRRD/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