



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\_1.9

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> <b>POULTRY</b> <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 <b>OTHER</b> <input type="checkbox"/> _____	Species: _____ Age: _____ Sex: _____ No. of samples: _____ Sampling date: _____ Sample type: _____ House/Site _____	History: (treatments, vaccinations) _____ _____ _____ State Veterinarian: _____ Contact details: _____ _____
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<b>SEROLOGY</b>	<b>BACTERIOLOGY</b>	<b>**PCR</b>	<b>HISTOPATHOLOGY</b>
<b>ELISA – Ab</b> <b>AVIAN</b> <input type="checkbox"/> <b>NDV</b> IDL_MN_13 <input type="checkbox"/> <b>Ms</b> IDL_MN_2 <input type="checkbox"/> <b>Mg</b> IDL_MN_3 <input type="checkbox"/> <b>IBV</b> IDL_MN_4 <input type="checkbox"/> <b>IBD-plus</b> IDL_MN_6 <input type="checkbox"/> <b>IBD</b> IDL_MN_5 <input type="checkbox"/> <b>CAV</b> IDL_MN_7 <input type="checkbox"/> <b>AE</b> IDL_MN_1 <input type="checkbox"/> <b>TRT</b> IDL_MN_12 <input type="checkbox"/> <b>NDV-F</b> IDL_MN_24 <input type="checkbox"/> <b>SE</b> IDL_MN_25 <input type="checkbox"/> <b>AI</b> IDL_MN_14 <input type="checkbox"/> <b>ILT</b> IDL_MN_8/15 OTHER _____ <b>BOVINE</b> <input type="checkbox"/> <b>IBR</b> IDL_MN_21 <input type="checkbox"/> <b>BVDp80</b> IDL_MN_20 <input type="checkbox"/> <b>BRSV</b> IDL_MN_22 OTHER _____	<input type="checkbox"/> Total Colony Count IDL_MN_9 <input type="checkbox"/> **Salmonella Detection <input type="checkbox"/> **Aspergillus enumeration <input type="checkbox"/> Fungal Detection IDL_MN_17 <input type="checkbox"/> E.coli & Coliform IDL_MN_18 <input type="checkbox"/> Oocyst counts IDL_MN_19 <input type="checkbox"/> Enterobacteriaceae IDL_MN_11 <input type="checkbox"/> Yeasts & Moulds IDL_MN_23 <input type="checkbox"/> **Aerobic/Anerobic Culture <input type="checkbox"/> **Antibiograms <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 _____ _____	<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>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