



SEROLOGY REQUEST

Company

Farm Name & Address incl. post code

Producer Number (Layers only)

Contact Name

Contact number

Bird Type	Broiler <input type="checkbox"/>	Production	Barn <input type="checkbox"/>
	Broiler Breeder <input type="checkbox"/>		Colony <input type="checkbox"/>
	Layer <input type="checkbox"/>		Free Range <input type="checkbox"/>
	Rearer <input type="checkbox"/>		Organic <input type="checkbox"/>
	Duck <input type="checkbox"/>		Rearing <input type="checkbox"/>
	Turkey <input type="checkbox"/>		
	Pheasant/Partridge <input type="checkbox"/>		

House(s) Age (w/d)

Date Sampled Date Submitted

Date Placed: Mth Year

Vaccination Info

Age Given	Vaccine

Test(s) Required

ART <input type="checkbox"/>	M41 <input type="checkbox"/>	Qx/D388 <input type="checkbox"/>	<input type="checkbox"/>
AE <input type="checkbox"/>	Mg Elisa <input type="checkbox"/>	Mg RPT <input type="checkbox"/>	<input type="checkbox"/>
D274 <input type="checkbox"/>	Ms Elisa <input type="checkbox"/>	Ms RPT <input type="checkbox"/>	<input type="checkbox"/>
EDS <input type="checkbox"/>	Mg & Ms Combined <input type="checkbox"/>	Other (Please list) <input type="checkbox"/>	<input type="checkbox"/>
FAV <input type="checkbox"/>	NDV Elisa <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IBD Elisa <input type="checkbox"/>	793B <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IBV Elisa <input type="checkbox"/>	D274 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H. Butler