

The information collected from this form is transmitted to AGRIVALYS 71 services to process your request. To know more about the management of your data and your rights, consult the GTC available on the website www.agrivalys71.fr/en

ADMINISTRATIVE DATA

PLACE OF SAMPLING COLLECTION

Company name:
Address:
.....
Postal code: City:
Phone:
E-mail:
Poultry house:
Ref. lot:
Unique identifier poultry farm (INUAV):
Association:
Association e-mail:

VETERINARY

Doctor / Veterinary practice:
.....
Address:
.....
Phone:
E-mail:

BILLING

Company name:
Address:
.....
Postal code: City:
Phone:
E-mail:

REASON FOR THE REQUEST FOR SELF-TESTING

Movement
 Environment Other:

GENERAL INFORMATION

Type of production: Breeding
 Force-feeding
 Other:

Species: Gallinaceous (hens, turkeys,
 guinea fowl...)
 Palmipeds (ducks, geese...)
 Other:

Date of movement:
Number of animals:
Age of animals:

Date of sampling:

REMARKS

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Please put this test request **outside** the sealed bag containing the samples. (Place it in the kangaroo pouch intended for this purpose outside the sealed plastic bag).

ANALYSIS REQUEST

Samples	No.	Identification	Analysis
<input type="checkbox"/> Tracheal swabs			<input type="checkbox"/> Avian influenza by PCR (pool of 5)
<input type="checkbox"/> Cloacal swabs			
<input type="checkbox"/> Wipes/boot swabs			<input type="checkbox"/> Avian influenza by PCR (individual)

Permission to email results (if not, check the box)

Section reserved for the laboratory	Reception date:	By:	Lab reference:
	Mode: C Tr To A		
	Condition: R C A		

Name: Date: Signature: