The information collected from this form is transmitted to Agrivalys71 to process your request. To learn more about the management of your data and your rights, consult the General Terms and Conditions available on the website.http://www.agrivalys71.fr/en

ADMINISTRATIVE DATA

BREEDER AND COLLECTION PLACE

Company name: .....
Address:.....
.....
Postal code:..... City:
Phone:.....
Email:.....
Poultry house:.....
Batch ref:.....
SIRET N°: .....
Unique identifier poultry farm (INUAV): .....
Association:.....
Association e-mail:.....

REASON FOR REQUEST

☐ Passive post-vaccination surveillance
☐ Movement
☐ Environment ☐ Other : .....

GENERAL INFORMATION

Production type:	☐Breeding ☐Force-feeding ☐Other : .....
Species:	☐Poultry (chickens, turkeys, guinea fowl, etc.) ☐Palmipeds (ducks, geese, etc.) ☐Other : .....

Date of sampling : .....

Age of animals:.....
Number of animals:.....

If animal movement:

Date of movement: .....
Hour: .....

VETERINARIAN/ SAMPLER

Doctor / Veterinary practice:.....
.....
Address:.....
.....
Phone:.....
Email:.....

REMARKS

BILLING (if different from breeder)

Company Name: .....
Address:.....ZIP:.....
Municipality:.....
Phone: ..... Email:.....

Please place this analysis request outside the sealed bag containing the samples.(Slide it into the kangaroo pocket intended for this purpose outside of the sealed plastic bag)

RESEARCH

Samples	Number	Identification	Research
☐ Tracheal swabs			☐ Avian influenza by PCR (pool of 5)
☐ Cloacal swabs			
☐ Wipes/boot swabs			☐ Avian influenza by PCR (individual)

Authorization to transmit results by email (if NO check the box☐)

Name :.....Date :..... Signature :

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