



POULTRY FARM TEST REQUEST FORM

Compiled by: Quality Manager
Approved by: Laboratory Director
GHL P2.2 SF99
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Client Name:
Contact Name:
Contact Number:
Contact Email:
Nominated Vet.:
Vet. Number:
Vet. Email:
Date Sampled:
Date Submitted:
Client Order Number:
Signature:

Client Code
If client code can be indicated here, then particulars on right are not required

GHL USE ONLY
BATCH ID
Date Rec'd
Time Rec'd
Delivery: Customer, Courier, GHL Collection**
Temp. (°C)
Condition: Acceptable, Rejected

CHECKLIST (X)
TRF Complete
Sample List
Record Sheet
CoA
Initial
Comment

Table with columns: Sample Matrix / Type, Sample Identification / Description, Flock / Cycle, Site, House, Age (weeks), and various test codes (ANPHI, DVASP, etc.). Includes a STORAGE section at the bottom right.

!!! PLEASE PROVIDE AT LEAST 50 g / ml !!! *Purpose of Sampling: Monitoring the Salmonella status of poultry flocks. Ensure State Veterinarian TRF is received / on file.