

SAMPLE SUBMISSION FORM

Name of Company :
Address :

Phone (with STD code) :
Fax (with STD code) :
Email address :

Name of contact
person :

Testing Option

Test with : 1. SYNBIOTICS ELISA - ALC
2. SYNBIOTICS ELISA - ND / IB / IBD / REO / AE / MG / MS / LT
3. Others

(Tick 1 or 2 and circle the tests to be done in 2)

Sample Details

No. Of Samples :
Sample type : Whole Blood Serum / Eggs
(Please circle)

Flock Details

Bird type : Broiler Breeder / Layer Breeder / Layer / Broiler
(Please circle)
Breed :
Hatch Date :
Bleed Date :
Bleed Age :

Vaccination History of Flock :

Vaccine Used	Strain	Live /Killed	Age	Manufacturer of Vaccine

Payment Details : DD no. Dated Amount Rs.

Signature : Name :
Date : Place :