



GD SPECIMEN SUBMISSION FORM : SPECIMENS OF POULTRY ORIGIN (NO PCR)

Number of samples	Authorisation	GD identification label	Submission number: GD use only												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Droppings</td> <td style="width: 33%;">Swab</td> <td style="width: 33%;">Miscellaneous</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Serum</td> <td colspan="2">Misc. blood:</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Droppings	Swab	Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serum	Misc. blood:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date	GD use only	GD use only
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Serum	Misc. blood:														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
		Initials													

Please complete relevant sections thoroughly .

Farmer : Street address: _____ Postal code + City + Country: _____	Customer no: <input style="width: 100%;" type="text"/>
Veterinary practice: Street address: _____ Postal code + City: _____	Customer no: <input style="width: 100%;" type="text"/>
Farm advisor: Street address: _____ Postal code + City: _____	Customer no: <input style="width: 100%;" type="text"/>
Hatchery: Street Address: _____ Postal code + City: _____	Customer no: <input style="width: 100%;" type="text"/>
Others, e.g. Feed mill / integrator: Street Address: _____ Postal code + City: _____	Customer no: <input style="width: 100%;" type="text"/>
GD employee:	Customer no: <input style="width: 100%;" type="text"/>
Reference on result and invoice: <input style="width: 100%;" type="text"/>	

Submitter is	Farmer	Veterinary practice	Farm advisor	Hatchery	Feed mill	Integrator	GD employee	English results <i>(Engelse uitslag)</i>
Send result to	Farmer	Veterinary practice	Farm advisor	Hatchery	Feed mill	Integrator	GD employee	
Send invoice to	Farmer	Veterinary practice	Farm advisor	Hatchery	Feed mill	Integrator	GD employee	
Specimen	Blood	Droppings	Swab from: _____		Other: _____			

Type:	Chicken		Turkey	Duck	Flock data:	House 1	House 2
Poultry category	Layer	Meat	Meat	Meat	House number:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Rearing grandparent	OLF	OSF			Flock size:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Grandparent	LF	SF	KF	EF		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Rearing parent	LO	SO	KO	EO	Date of birth:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Parent	LV	SV	KV	EV		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Meat products		SS	KS	ES	Breed:	_____	_____
Rearing layer	OL	Other				_____	_____
Layer barn	LLZ					_____	_____
Layer free range	LLU						

Submission reason:	Specimen information:	Vaccines administered:																												
Clinical signs Routine check GD research project no. _____	Date sampled: <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Time sampled: <input style="width: 20px;" type="text"/> : <input style="width: 20px;" type="text"/> Date sent to GD: <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Marked/numbered as follows: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Vaccin</th> <th>Vaccination date</th> <th>Vaccin</th> <th>Vaccination date</th> </tr> <tr> <td>CAV</td> <td>day month year</td> <td>EDS</td> <td>day month year</td> </tr> <tr> <td>SAL</td> <td><input style="width: 20px;" type="text"/></td> <td>POX</td> <td><input style="width: 20px;" type="text"/></td> </tr> <tr> <td>MG</td> <td><input style="width: 20px;" type="text"/></td> <td>AE</td> <td><input style="width: 20px;" type="text"/></td> </tr> <tr> <td>IB</td> <td><input style="width: 20px;" type="text"/></td> <td>ILT</td> <td><input style="width: 20px;" type="text"/></td> </tr> <tr> <td>ND</td> <td><input style="width: 20px;" type="text"/></td> <td>REO</td> <td><input style="width: 20px;" type="text"/></td> </tr> <tr> <td>IBDV</td> <td><input style="width: 20px;" type="text"/></td> <td>TRT</td> <td><input style="width: 20px;" type="text"/></td> </tr> </table>	Vaccin	Vaccination date	Vaccin	Vaccination date	CAV	day month year	EDS	day month year	SAL	<input style="width: 20px;" type="text"/>	POX	<input style="width: 20px;" type="text"/>	MG	<input style="width: 20px;" type="text"/>	AE	<input style="width: 20px;" type="text"/>	IB	<input style="width: 20px;" type="text"/>	ILT	<input style="width: 20px;" type="text"/>	ND	<input style="width: 20px;" type="text"/>	REO	<input style="width: 20px;" type="text"/>	IBDV	<input style="width: 20px;" type="text"/>	TRT	<input style="width: 20px;" type="text"/>
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Customer:	Additional information:
Name: Signature: Date:	

TICK REQUESTED TEST AND INDICATE NO. OF SPECIMENS TO BE TESTED

Antibiotic residue analysis / Clinical chemistry

⊖^{3*}

⊖^{3*}

Additional information regarding requested tests:

Commercial document

For the transport of animal by-products and derived products not intended for human consumption in accordance with Regulation (EC) No 1069/2009 within the European Union

EUROPEAN UNION

Commercial document

Part I: Details of dispatched consignment	I.1. Consignor Name Address Postcode				I.2. Document reference No		I.2.a. Local reference No		
					I.3. Central competent authority				
					I.4. Local competent authority				
	I.5. Consignee Name Address Postcode Tel.				I.6.				
					I.7.				
	I.8. Country of origin		ISO code	I.9. Region of origin		Code	I.10. Country of destination		ISO code
							I.11. Region of destination		Code
	I.12. Place of origin Establishment Name Address Postcode				I.13. Place of destination Establishment Name Address Postcode				
					I.15. Date of departure				
I.14. Place of loading				I.17. Transporter Name Address Postcode					
I.16. Means of transport Aeroplane Road vehicle Identification		Ship Other		Railway wagon		Approval number		Member State	
I.18. Description of commodity						I.19. Commodity code (CN code)			
						I.20. Quantity			
I.21. Temperature of products Ambient Chilled Frozen Controlled temperature						I.22. Number of packages			
I.23. Seal/Container No						I.24. Type of packaging			
I.25. Commodities certified for: Animal feedingstuff Technical use For research / diagnosis only									
I.26.				I.27. Transit through Member States Member State Member State Member State					
				ISO code ISO code ISO code					
I.28. Export Third country Exit point				I.29.					
I.30.									
I.31. Identification of the commodities Approval number of establishments									
Species (Scientific name)		Nature of commodity		Category		Treatment type		Manufacturing plant Batch number	

COUNTRY

Animal by-products/derived products not intended for human consumption

Part II: Certification	II.	Health information	II.a. Certificate reference number	II.b.
	II.1.	Declaration by the consignor I, the undersigned, declare that:		
	II.1.1.	the information in Part I is factually correct;		
	II.1.2.	all precautions have been taken to avoid contamination of the animal by-products or derived products with pathogenic agents and cross-contamination between various Categories.		
	Notes			
	Part I:			
	-	Box reference I.9. and I.11.: if appropriate.		
	-	Box reference I.12., I.13. and I.17.: approval number of registration number. In the case of processed manure indicate in Box I.13 the approval or registration number of plant or holding of destination.		
	-	Box reference I.14.: complete if different from "I.1. Consignor".		
	-	Box reference I.25.: technical use: any use other than for animal consumption.		
	-	Box reference I.31.:		
	Animal species:	For Category 3 material and products derived therefrom destined for use as feed material. Select from the following: Aves, Ruminants, Non-Ruminants, <i>Mammalia</i> , <i>Pesca</i> , <i>Mollusca</i> , Crustacea, Invertebrates.		
	Nature of commodity:	Enter a commodity chosen from the following list: 'apiculture by-products', 'blood products', 'blood', 'bloodmeal', 'digestion residues', 'digestive tract content', 'dog-chews', 'fishmeal', 'flavouring innards', 'gelatine', 'greaves', 'hides and skins', 'hydrolysed proteins', 'organic fertilisers', 'pet food', 'processed animal protein', 'processed pet food', 'raw pet food', 'rendered fats', 'compost', 'processed manure', 'fish oil', 'milk products', 'centrifuge or separator sludge from milk processing', 'dicalciumphosphate', 'tricalciumphosphate', 'collagen', 'egg products', 'serum of equidae', 'game trophies', 'wool', 'hair', 'pig bristles', 'feathers', 'animal by-products for processing', 'derived products'.		
	Category:	Specify Categories 1, 2 or 3 materials. In case of Category 3 material, indicate the point of Article 10 of regulation (EC) No 1069/2009 that refers to the animal by-product concerned (e.g. Article 10(a), Article 10(b), etc.). In the case of Category 3 material for use in raw petfood indicate '3a', '3b(i)' or 3b(ii)' depending on whether the animal by-products are referred to in Article 10(a) or in Article 10(b)(i) or (ii) of Regulation (EC) No 1069/2009. In the case of hides and skins and products derived therefrom, indicate '3b(iii)' or '3(n)' depending on whether the animal by-products or derived products are referred to in Article 10 (b)(iii) or Article 10(n) of Regulation (EC) No 1069/2009. Where the consignment is made of more than one category, indicate the quantity and if applicable the number of containers per category of materials.		
	Treatment type:	For treated hides and skins indicate the treatment: '(a)' for dried; '(b)' for dry-salted or wet-salted for at least 14 days prior to dispatch; '(c)' for salted for seven days in sea salt with the addition of 2% sodium carbonate. For Categories 1 and 2 materials describe the method of processing or transformation. Indicate the relevant processing method (choose a method form 1 to 5 referred to in Chapter III of Annex IV to regulation (EU) No 142/2011). For Category 3 materials and derived products from Category 3 material destined for use in feed: if appropriate describe the nature and the methods of the treatment. Indicate the relevant processing method (choose a method from 1 to 7 referred to in Chapter III of Annex IV to Regulation (EU) No 142/2011).		
	Batch number:	Enter batch number or ear tag number, if applicable.		
	Part II:			
	<i>The signature must be in a different colour to that of the printing.</i>			
	Signature			
	Done at	(place)	on.....	(date)
			
	(signature of the responsible person/consignor)			
	(name, in capital letters)			