



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

Number of samples	Authorisation	GD identification label	Submission number: <b>GD use only</b>												
<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="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Serum</td> <td colspan="2">Misc. blood:</td> </tr> <tr> <td><input type="text"/></td> <td colspan="2"><input type="text"/></td> </tr> </table>	Droppings	Swab	Miscellaneous	<input type="text"/>	<input type="text"/>	<input type="text"/>	Serum	Misc. blood:		<input type="text"/>	<input type="text"/>		Date	GD use only	GD use only
Droppings	Swab	Miscellaneous													
<input type="text"/>	<input type="text"/>	<input type="text"/>													
Serum	Misc. blood:														
<input type="text"/>	<input type="text"/>														
		Initials													

**Please complete relevant sections thoroughly .**

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

Submitter is	Farmer	Veterinary practice	Farm advisor	Hatchery	Feed mill	Integrator	GD employee	English results (Engelse uitslag)
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	<b>Layer</b>	<b>Meat</b>	<b>Meat</b>	<b>Meat</b>	<b>House number:</b>	<input type="text"/>	<input type="text"/>
Rearing grandparent	OLF	OSF	KF	EF	<b>Flock size:</b>	<input type="text"/>	<input type="text"/>
Grandparent	LF	SF	KO	EO		<input type="text"/>	<input type="text"/>
Rearing parent	LO	SO	KV	EV	<b>Date of birth:</b>	<input type="text"/>	<input type="text"/>
Parent	LV	SV	KS	ES		<input type="text"/>	<input type="text"/>
Meat products		SS	<b>Other</b>		<b>Breed:</b>	<input type="text"/>	<input type="text"/>
Rearing layer	OL					<input type="text"/>	<input type="text"/>
Layer barn	LLZ					<input type="text"/>	<input type="text"/>
Layer free range	LLU					<input type="text"/>	<input type="text"/>

Submission reason:	Specimen information:	Vaccines administered:																																
Clinical signs Routine check GD research project no. _____	Date sampled: <input type="text"/> - <input type="text"/> - <input type="text"/> Time sampled: <input type="text"/> - <input type="text"/> Date sent to GD: <input type="text"/> - <input type="text"/> - <input 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></td> <td>day month year</td> <td></td> <td>day month year</td> </tr> <tr> <td>CAV</td> <td><input type="text"/></td> <td>EDS</td> <td><input type="text"/></td> </tr> <tr> <td>SAL</td> <td><input type="text"/></td> <td>POX</td> <td><input type="text"/></td> </tr> <tr> <td>MG</td> <td><input type="text"/></td> <td>AE</td> <td><input type="text"/></td> </tr> <tr> <td>IB</td> <td><input type="text"/></td> <td>ILT</td> <td><input type="text"/></td> </tr> <tr> <td>ND</td> <td><input type="text"/></td> <td>REO</td> <td><input type="text"/></td> </tr> <tr> <td>IBDV</td> <td><input type="text"/></td> <td>TRT</td> <td><input type="text"/></td> </tr> </table>	Vaccin	Vaccination date	Vaccin	Vaccination date		day month year		day month year	CAV	<input type="text"/>	EDS	<input type="text"/>	SAL	<input type="text"/>	POX	<input type="text"/>	MG	<input type="text"/>	AE	<input type="text"/>	IB	<input type="text"/>	ILT	<input type="text"/>	ND	<input type="text"/>	REO	<input type="text"/>	IBDV	<input type="text"/>	TRT	<input type="text"/>
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Customer:	Additional information:
Name: .....	
Signature: .....	
Date: .....	



**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**

<b>Part I: Details of dispatched consignment</b>	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**

<b>Part II: Certification</b>	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.		
	<b>Notes</b>			
	<b>Part I:</b>			
	- 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.:			
	<b>Animal species:</b>	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.		
	<b>Nature of commodity:</b>	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'.		
	<b>Category:</b>	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.		
	<b>Treatment type:</b>	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).		
	<b>Batch number:</b>	Enter batch number or ear tag number, if applicable.		
	<b>Part II:</b>			
	<i>The signature must be in a different colour to that of the printing.</i>			
	Signature			
	Done at ..... on.....			
	(place)		(date)	
	.....			
	(signature of the responsible person/consignor)			
	(name, in capital letters)			