



Sample submission form

Evaluation of pathogens in water line biofilms

Sampling date: _____ Shipping date: _____ Farm Identification: _____

Samples identification:

_____ Production type _____ Flock age _____

_____ Production type _____ Flock age _____

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_____ Production type _____ Flock age _____

Requested tests:

Total aerobic count	<input type="checkbox"/>	Coliforms detection	<input type="checkbox"/>
<i>Clostridium perfringens</i> detection	<input type="checkbox"/>	<i>Pseudomonas</i> spp. detection	<input type="checkbox"/>
<i>Enterococcus</i> spp. detection	<input type="checkbox"/>	<i>Enterococcus cecorum</i> detection	<input type="checkbox"/>

Reason for submission:

Regular Follow-up Health problems

If health problem, describe:

Type of water:

Shallow wells Artesian wells Aqueduct (city water)

Sample Type:

Before disinfection After disinfection of water line

Was the water treated?

Yes No

If so, what was the treatment?

Chlorine Iodine Other

If other, please specify:

If acidified, please specify:

Product used: _____ Target pH: _____

Was there **another** treatment in the water lines for the current flock?

Vaccines Vitamins Probiotics

Date of last waterline cleaning:

Product used?

Contact for results and billing:

Name: _____ Address: _____

E-mail: _____ Phone: _____

Comments: _____

Please complete this questionnaire for each farm sampled.