



## 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 \_\_\_\_\_

\_\_\_\_\_ Production type \_\_\_\_\_ Flock age \_\_\_\_\_

\_\_\_\_\_ 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"/>
<i>Salmonella</i> spp. 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.