NationWide Laboratories

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NWL REFERENCE	CLIENT CODE	DATE RECEIVED

PRACTICE ADDRESS/STAMP

Submitting Vet:

Fax number:

FOOD ANIMAL SUBMISSION FORM

FARMER: FARM NAME & ADDRESS:

FARM TYPE/ANIMAL SPECIES:

ANIMAL I/D	BREED	AGE	SAMPLE TYPE	SAMPLE I/D	DATE COLLECTED	TEST(S) REQUIRED

HISTORY

ANY ANTIBACTERIAL THERAPY IN LAST 4 WEEKS? YES/NO

NWL USE ONLY **CODE :** **CHECKED BY:**

TICK THIS BOX IF YOU DO NOT WANT THESE SAMPLES USING FOR OTHER ANONYMISED RESEARCH PURPOSES ☐