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

Number of samples

Droppings | Swab | Miscellaneous

Serum | Misc. blood:

Authorisation

Date

Initials

GD use only

GD identification label

GD use only

Submission number: **GD use only**

Please complete relevant sections thoroughly .

Farmer :
Street address:
Postal code + City + Country:
Customer no:

Veterinary practice:
Street address:
Postal code + City:
Customer no:

Farm advisor:
Street address:
Postal code + City:
Customer no:

Hatchery:
Street Address:
Postal code + City:
Customer no:

Others, e.g. Feed mill / integrator:
Street Address:
Postal code + City:
Customer no:

GD employee:
Customer no:

Reference on result and invoice:

Submitter is	☐ Farmer	☐ Veterinary practice	☐ Farm advisor	☐ Hatchery	☐ Feed mill	☐ Integrator	☐ GD employee
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: _____		

☒ English results *(Engelse uitslag)*

Type:	Chicken		Turkey	Duck
Poultry category	**Layer**	**Meat**	**Meat**	**Meat**
Rearing grandparent	☐ OLF	☐ OSF		
Grandparent	☐ LF	☐ SF	☐ KF	☐ EF
Rearing parent	☐ LO	☐ SO	☐ KO	☐ EO
Parent	☐ LV	☐ SV	☐ KV	☐ EV
Meat products		☐ SS	☐ KS	☐ ES
Rearing layer	☐ OL			
Layer barn	☐ LLZ		**Other**	
Layer free range	☐ LLU			

Flock data:	House 1	House 2
House number:		
Flock size:		
Date of birth:	– –	– –
Breed:		

Submission reason:
- ☐ Clinical signs
- ☐ Routine check
- ☐ GD research project no.
- ☐ _____

Specimen information:

Date sampled: day – month – year
Time sampled: –
Date sent to GD: – –
Marked/numbered as follows: _____

Vaccines administered:

Vaccin	Vaccination date (day / month / year)	Vaccin	Vaccination date (day / month / year)
☐ CAV		☐ EDS	
☐ SAL		☐ POX	
☐ MG		☐ AE	
☐ IB		☐ ILT	
☐ ND		☐ REO	
☐ IBDV		☐ TRT	

Customer:
Name: .....
Signature: .....
Date: .....

Additional information:

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

Antibiotic residue analysis / Clinical chemistry

- ☐ 10637 Egg scan aminoglycosides (egg) W1134F
- ☐ 10535 Egg scan antibiotic residues (egg) P316
- ☐ 11270 Egg scan colistin (egg) W1134E W1134E
- ☐ 10636 Egg scan sulfonamides (egg) W1134D

- ☐ 10316 Fatty liver test: TG analysis (tissue) pooled 1-5 W1459
- ☐ 10307 Lead (heparin)
- ☐ 11666 Magnesium (serum)
- ☐ 12138 Panel general screening (serum) (serum) 3*
  (ALP, AST, CPK, LDH, albumin BCG, total protein, total bilirubin, cholestrol, magnesium, phosphate, triglycerides, calcium, albumin/globulin ratio, sodium, potassium, chloride)
- ☐ 11655 Vitamin E (serum) 3*
- ☐ 11657 Vitamin E pooled 4:6 (serum) 3*

3* Send sample material timely (within 24 hours on working days at GD)

Additional information regarding requested tests:

3311015374

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 GD Animal Health
Address Attn: CMD
Rigastraat 25
Postcode 7418 EW Deventer, The Netherlands
Tel. +31 (0) 570 63 33 91

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
Deventer, The Netherlands			

I.12. Place of origin
Establishment ☐
Name Approval number
Address
Postcode

I.13. Place of destination Deventer, The Netherlands
Establishment ☒ Other ☐
Name GD Animal Health Approval number
Address Rigastraat 25
Postcode 7418 EW Deventer

I.14. Place of loading

I.15. Date of departure

I.16. Means of transport
☐ Aeroplane ☐ Ship ☐ Railway wagon
☐ Road vehicle ☐ Other
Identification

I.17. Transporter
Name Approval number
Address
Postcode 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 ISO code
Member State ISO code
Member State ISO code

I.28. Export ☐
Third country ISO code
Exit point Code

I.29.

I.30.

I.31. Identification of the commodities

Species (Scientific name)	Nature of commodity	Category	Treatment type	Approval number of establishments: 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, *Mammalia, Pesca, Mollusca,* 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:

The signature must be in a different colour to that of the printing.

Signature

Done at …… on.....

(place) (date)

.....

(signature of the responsible person/consignor)
(name, in capital letters)