



MOLECULAR DIAGNOSTIC SERVICES (MDS UK)

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VETERINARY MOLECULAR TEST REQUISITION FORM AVIAN

Date: _____

Owner's Name: _____

Address: _____

Tel: _____ Fax: _____

E-mail:

PLEASE PRINT CLEARLY

AVIAN TESTS	SAMPLE
AVIAN DNA SEXING (AS)	WB/MDS
AVIAN POLYOMA VIRUS (APV)	WB/MDS/T
CHLAMYDOPHILA PSITTACI (CP)	WB/MDS/CS/T
PACHECOS DISEASE VIRUS (PDV)	WB/MDS/T
PIGEON CIRCOVIRUS (PCIRC)	WB/F
PSITTACINE BEAK AND FEATHER VIRUS (PBFV)	WB/MDS/BF

SAMPLE KEY	
BLOOD FEATHER	BF
CLOACAL SWAB	CS
TISSUE	MDS
WHOLE BLOOD	T
	WB

Please indicate the test you require under TEST CODE and X if you require a certificate

MDS REF No. (Office use only)	YOUR REFERENCE (Sample details)		TEST CODE	CERT X	COST
	Name/Ring No.	Breed / Species (Must be completed)			
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
MDS Kit order (To order online see www.mdsafrika.net)	Total number of tests required		*COST OF TEST		
	Total number of certificates required		COST OF CERT.		
	Number of kits required (Minimum order 10 kits)		COST KIT		
				TOTAL	

Preferred result format:

Tel Fax E-mail Post

Method of Payment: Cash Cheque Credit card details:

Credit Card Holder: _____

Credit Card No.: _____

Type: _____ Expiry: _____ CVV No. _____

Banking Details:

Bank account: HSBC
 Account Name: MOLECULAR DIAGNOSTIC SERVICES (MDS UK)
 Account Number: 01288148
 Bank Sort Code: 40-47-18

*NB Proof of payment required for test before results can be obtained

OFFICIAL USE ONLY:

DATE: _____ REC.NO. _____ INITIALS _____

RECEIVED BY: HAND POST COURIER

PAYMENT: NONE CASH INTERNET TRANSFER

CHEQUE NO.: _____ AMOUNT: _____

CREDIT CARD FORM COMPLETED

NO.KITS: _____ NO. CERTS: _____ PHOTOCOPY MADE _____

