**\*NAME:** …………………………………………………………..……………. **\*COMPANY:** ……………………….……………..………………..……....

**\*EMAIL:** …..…………………………………………………………………..……………………………………………………………………………….………..

**\*INVOICE ADDRESS:** ………………………………………………………………………………………………………………………………………….……

**\*TEL:** ………………………………………………………………….. **\*PURCHASE ORDER** …………………………………………………….……………

*Note: Please include a PO for this work, analysis will NOT be started until a valid PO has been received. When samples are sent in batches, each individual PO will be its own report and invoice. The report can be sent to multiple emails if required.*

**INSTRUCTIONS FOR SAMPLE COLLECTION**

1. Conduct a thorough examination of the sampling location. Identify the dropping and reserve dropping required for analysis. Where possible, select droppings which are:

i) Out of direct sunlight. ii) Complete and as large as possible. iii) As fresh/recent as possible.

3. Put on the sterile gloves provided, using one of the spatulas provided, collect one whole faecal sample and scoop it into one of the provided tubes. Ensure the dropping is not near to the top of the tube. Close the tube lid ensuring it is screwed tightly and shake to ensure the dropping is placed in the preservative solution. Write the sample I.D on one of the white labels provided and stick this on to the appropriate tube.

4. Collect another whole faecal sample for reserve using a different spatula and scoop it into another one of the provided tubes. The reserve sample should be of a similar shape, size, geometry likely from the same species.

5. Repeat steps above as required for up to two more species/sites using separate tube /spatula.

6. Insert completed form in to the kit box and close the lid, sealing it with the included evidence seal.

7. Post the freepost kit into a royal mail post box (postage is already paid).

SureScreen Scientifics

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Derbyshire, DE7 6DE

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edna@surescreen.com

[www.surescreenscientifics.com](http://www.surescreenscientifics.com)

**GREAT CRESTED NEWT (GCN) FORM**

**RELEVANT NOTES**

**\*Required Fields**

**Bat Dropping Analysis - Sample Collection Form**

**1. Sample ID**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1R. Reserve Sample ID**:\_\_\_\_\_\_\_\_\_

***Note: Include a reserve sample in case there is insufficient DNA extracted from one sample.***

Site Name: ……………………………………

……………………………………………………..

Address: ……………………………………….

……………………………………………………..

O/S Reference: …………………………….

Sampling Date: ………..…………….…….

**2. Sample ID**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2R. Reserve Sample ID**:\_\_\_\_\_\_\_\_\_

***Note: Include a reserve sample in case there is insufficient DNA extracted from one sample.***

Site Name: ……………………………………

……………………………………………………..

Address: ……………………………………….

……………………………………………………..

O/S Reference: …………………………….

Sampling Date: ………..…………….…….

**3. Sample ID**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3R. Reserve Sample ID**:\_\_\_\_\_\_\_\_\_

***Note: Include a reserve sample in case there is insufficient DNA extracted from one sample.***

Site Name: ……………………………………

……………………………………………………..

Address: ……………………………………….

……………………………………………………..

O/S Reference: …………………………….

Sampling Date: ………..…………….…….

**\*SERVICE *(Please Tick)***

**Standard**:

Results to be sent within

9 working days of sample receipt

**Fast** **Track**:

Results to be sent within

5 working days of sample receipt

**This form is available to download and edit as a word document at: www.surescreenscientifics.com/edna/batid**

**LAB SAMPLE ID:**