

BOVINE TESTS

Non milk samples only

Download to use
interactive form fields



Date Sent:
Sender/Veterinary Practice:
Tel:
Fax:
Email:

Farmer:
CPH Number:
Tel:
Fax:
Email:

Type of testing required (please tick)

HiHealth Herdcare Please include a signed health scheme membership declaration if testing for annual screening	Scottish Government Declaration (Note: From 01Sep13 results for all BVD testing Scottish herds will be returned to the Scottish Government) Routine Diagnostic Testing Individual Animal Health Status (Sales Certificates)
Reason for testing (eg added animal/annual screen) and other comments:	

Sample type (please tick) if you are submitting milk sample please use bovine milk form

Individual blood/serum	Faeces	Respiratory sample:
Pooled serum	Ear tissue	Swab
		Tissue
		BAL

Biobest Use Only		
Date of receipt:	Form no:	
No. of samples:	Rep:	Invoice:
Booked in:	QC:	Vet:
	Fax:	Date report faxed:

Biobest Laboratories Ltd, 6 Charles Darwin House, The Edinburgh Technopole, Milton Bridge, Nr Penicuik, EH26 0PY, UK
Tel: +44 (0)131 440 2628 (Edinburgh) 01856 878293 (Orkney) Fax: +44 (0)131 440 9587
email: hihealthherdcare@biobest.co.uk www.biobest.co.uk

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