OVINE TESTS





Date sampled:			Farmer:							
Sende	er/Veterinary Practice	e:								
			CPH Number:							
Tel:			Tel:							
Fax:			Fax:							
Email:	:		Email:		,, <u> </u>	_				
			Member of Hil	lealth Flock	care – Yes □ No □]				
Reason	for testing and other comn	ments/history								
11003011	ior coding and other comm	nonto/filotory.								
Sample	type:									
Blood			Faeces							
	Plain (Clotted)		Individual							
	Heparin		Pooled							
	EDTA									
		<u> </u>								
		Right	est Use Only							
Data of	Pagaint:		cal use only	Cub form ab	ookod by:					
Date of Receipt: Form No.:				Sub form checked by:						
No of Samples:		Databased/Invoice:		Vet checked by: Sent by: Date sent:						
Booked in by:		Reference checked	Reference checked by:		Date sent:					

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Farmer Name:	





Age	Sex	Ear Mark or Reference	Tube No.	Biobest Ref	Antibody						Antigen	PCR			
					Schmallenberg	Johnes Disease	Liver Fluke	Border Disease	MaediVisna	CLA	Psoroptes ovis (SheepScab)	Fluke coproantigen (Faeces)	Border Disease PCR	Johnes PCR (Faeces)	Other

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