

OVINE SERUM / SALIVARY IgA TEST: SUBMISSION FORM

SENDER DETAILS		This space may be used by sender to affix barcode or other sample ID sticker.	
Contact name:			
Veterinarian / Other contact:			
Sender's unique ref no:			
Address:			
Tel:			
Email:			
Date sampled:		Sample Type:	
Date sent:			
Breed:			
Age:			
Total number of samples sent: (enter individual details overleaf)			

NOTES

Please note: the lambs being tested need to be under a worm challenge (ideally worm count >300) and a mob FEC sample should be taken to determine this.

In order that lambs have a high enough egg count for variation between individual animals to be expressed it is vital that lambs are exposed to a parasite infection. When mob sampling: -

- The lambs must not have been treated for worms within the last 4 weeks at least.

- The lambs should be grazing on 'dirty' pastures for at least the last 4 weeks.

- Please - Do not drench the animals to be included in this programme with any product claiming to be 'long-acting' or 'persistent' (e.g. products such as Cydectin drench, Ivomec and Dectomax injection). These are residual drenches and will invalidate the results and all your efforts.

- Please - Ensure as far as is practical that all animals included have the same or similar grazing history and management treatments (this will mean that results are more comparable as the animals will have been exposed to the same types and levels of parasitic infection). If lambs are kept in different groups/mobs – please submit samples in separate groups and identify the groups clearly.

WORMING HISTORY	
Date and results of last worm egg count	
Date of last wormer and type of worming product used	
GRAZING HISTORY	
Approximate date when lambs were grouped prior to sampling	
Type of grazing	
Approximate time from last feed to sampling (minutes)	

FOR BIOBEST USE ONLY	DATE OF RECEIPT:	INVOICE:
NO. OF SAMPLES:	FORM NO:	VET CHECKED:
BOOKED IN:	DATABASED:	REPORTED PRACTICE:
CHECKED:	REF CHECKED:	REPORTED SIGNET:

biobest Please send samples and fully completed form to: **Contact email:** enquiry@biobest.co.uk
 Biobest Laboratories Ltd, 6 Charles Darwin House, The Edinburgh Technopole, Milton Bridge, Nr Penicuik, EH26 0PY

Ovine Salivary IgA test: Test request form

Biobest Ref:	Sender's Ref:	Animal ID	Sample type (Blood/Serum/Saliva)	Age	Sex
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Ovine Salivary IgA test: Test request form (Continued)

Biobest Ref:	Sender's Ref:	Animal ID	Sample type (Blood/Serum/Saliva)	Age	Sex
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