

EQUINE SUBMISSION FORM



Date Sent:											
Sender:		Sample type required: EVA, EIA : Min vol 200µl – Serum preferred Please consult our website for testing & turnaround schedule.			BIOBEST USE ONLY						
		Date of Receipt:					Form No:				
		No. of samples:				Booked in:		Rep:		Invoice:	
		Notes:			Reported:		EVA:		EIA:		Ref checked:
Tel:		QC'd:		EVA:		EIA:		Date interim sent:			
Email:		Vet Checked:		EVA:		EIA:		Date final report sent:			

No.	Sample Ref	Owner/Trainer	Veterinary Surgeon	EVA Serology (VNT)	EVA Titration Following Suspected Screen	EVA Titration (No screen done beforehand)	EIA Serology (Coggin's Test)	Biobest Ref
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

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