



## HiHealth Herdcare form for: Retests of Johne's blood positive animal(s)



Please submit bloods/faeces to Biobest Laboratories, 6 Charles Darwin House, The Edinburgh Technopole, Milton Bridge, Nr Penicuik, EH26 0PY

To be completed in all cases

Vet Practice		Client	
Address		Farm Name	
Practitioner		Holding Number	
Previous Biobest RFN		Date Sampled	

**Prior to undertaking a faecal screen for Johne's disease you may wish to retest by blood sample(s) which, if negative, would constitute a clear test for the animal(s).**

**NB: If both blood and faeces are submitted the blood sample will be tested initially and the faeces will only be tested if the blood test result is positive.**

**Retest of Johne's blood test positives by faecal screening.**

- Faecal samples must be collected per rectum by the herd's veterinary surgeon or someone designated by the veterinary surgeon who is neither the owner of the cattle nor an employee of the owner.
- The person collecting the samples must confirm that the ear number(s) of the animal(s) presented for sampling matches the ear number(s) of the animal(s) that tested positive by the blood test.
- The submission form should be completed and signed by the person who collected the samples and countersigned by the responsible veterinary surgeon, if necessary.
- The samples must be submitted in rigid containers (not gloves) and posted to the Biobest testing laboratory by the veterinary surgeon who collected the samples or by an employee of the veterinary practice.
- The above conditions must be met before the results from faecal samples can be used as a second test for the purposes of CHeCS risk level accreditation.

**No Samples Submitted: Blood Samples ..... Faeces Samples .....**

**I have sampled the animals detailed in accordance with the first three bullet points.**

**DECLARATION BY PERSON COLLECTING SAMPLE(S)**

**Signed .....** **Date .....**

**Name (block letters) .....**

**COUNTERSIGNING VET (if different from person collecting samples)**

**Signed ..... MRCVS** **Date .....**

**Name (block letters) .....**



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## Animal Identification, Tube Number and Test Required

	Ear Number	Tube Number	Age/ DOB	Sex	Johne's Ab	Johne's Faeces	Biobest Number
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							