



# SHEEP SCAB ELISA FLOCK SCREENING TEST SUBMISSION FORM

Date Sent:		CPH/Holding Number:	
Vet Practice Name & Address:		Farmer details:	
Tel:		Tel:	
Email:		Email:	

Reason for testing? (Circle option)	Diagnosis in itchy sheep	Monitoring in clinically normal sheep	Quarantine	Other (Specify Below)
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Has sheep scab been diagnosed in your flock in the previous 2 years?	Yes			No
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Has sheep scab been suspected in your flock in the previous 2 years?	Yes			No
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Farm Type: (Circle option)	Lowland		Upland		Hill
No. of breeding ewes:		Total sheep on holding:		No. in affected group:	

### SCAB CONTROL STRATEGY

Have the sheep from which blood samples have been collection been treated with a product active against sheep scab in the last 4 months? (If yes, tick product active ingredient below)	Yes			No				
OP Dip		Injectable Ivermectin		Injectable Doramectin		Injectable Moxidectin 1%		Injectable Moxidectin 2%
Do you routinely, at the same time each year, use a preventative treatment for sheep scab? (If yes, tick product active ingredient below)						Yes		No
OP Dip		Injectable Ivermectin		Injectable Doramectin		Injectable Moxidectin 1%		Injectable Moxidectin 2%
Are your boundaries stockproof with respect to incursions of animals from other flocks?						Yes		No
Do you use double fencing to limit contact with neighbouring flocks?						Yes		No

<b>Please indicate any of the following that apply to your flock:</b>			
Use contract shearers		Share livestock trailers	
Contract dippers		Contract scanners	
Share gathering facilities		None	

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

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