

BOVINE TESTS

Non milk samples only

Download to use
interactive form fields



| |
|------------------------------------|
| Date Sent: |
| Sender/Veterinary Practice: |
| Tel: |
| Fax: |
| Email: |

| |
|--------------------|
| Farmer: |
| CPH Number: |
| Tel: |
| Fax: |
| Email: |

Type of testing required (please tick)

| | |
|--|---|
| HiHealth Herdcare Please include a signed health scheme membership declaration if testing for annual screening | Scottish Government Declaration (Note: From 01Sep13 results for all BVD testing Scottish herds will be returned to the Scottish Government) Routine Diagnostic Testing Individual Animal Health Status (Sales Certificates) |
| Reason for testing (eg added animal/annual screen) and other comments: | |

Sample type (please tick) if you are submitting milk sample please use bovine milk form

| | | |
|------------------------|------------|---------------------|
| Individual blood/serum | Faeces | Respiratory sample: |
| Pooled serum | Ear tissue | Swab |
| | | Tissue |
| | | BAL |

| 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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Farmer Name:

*Bulk Milk testing available

^Other tests offered include: Rotavirus & Coronavirus,
Total IgG (please phone to discuss your requirements)

*Please note that up to 5 samples of the same sample type
can be pooled for Respiratory PCR



| | | | | | Antibody test | | | | | | | | | | | | | Antigen | | PCR | | | | | | |
|-----|-----|-----------------------|---------|-------------|------------------|---------------------|--------------------------------|------------------|---------------|------------------|-------------|------------------|-----|-----|---------------|------------|--------------------------------|-----------------------------|---------------------|----------------------------|------------------------|-------------------------------|---------------------------------------|-------|--|--|
| Age | Sex | Ear Mark or Reference | Tube No | Biobest Ref | BVD ¹ | Johnes ¹ | Leptospira hardjo ¹ | IBR ¹ | IBR gE marker | Neospora caninum | Liver fluke | Mycoplasma bovis | PI3 | RSV | Schmallenberg | Salmonella | BVD Antigen (Blood/Ear Tissue) | Fluke Coproantigen (Faeces) | Johnes PCR (Faeces) | BVD PCR (Individual Serum) | BVD PCR (Pooled Serum) | Respiratory PCR (Individual) | Respiratory PCR ² (Pooled) | Other | | |
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