CAPRINE TESTS



Date sampled:				Farme	r:						
Sende	er/Veterinary Practice) :									
				CDLLN							
Tel:				Tel:	umber:						
Fax:				Fax:							
Email:				Email:							
				Membe	er of Goa	tcare - Yes	S□ No□				
Pason	for testing and other comm	onte/	history:								
11603011	for testing and other confin	ici ilə/	nistory.								
Sample	tuno:										
Sample Blood	ιyμ c .			Faeces							
	Plain (Clotted)				Individual						
	Heparin				Pooled						
	EDTA										
			Biobest	Use Only	1						
Date of Receipt: Form No.:			Form No.:			Sub form checked by:					
No of Samples:			Databased/Invoice:			Vet checked by:					
Booked in by:		Reference checked by:		Sent by:	Date sent:						

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Please note that the services performed by Biobest are subject to the Biobest Terms & Conditions of Supply which were updated on the 1st June 2009 and which are deemed to be incorporated into this contract. For a copy of these terms and information concerning the test methods employed, sample requirements and test pricing please contact Biobest or visit www.biobest.co.uk. Copyright © (2021) Biobest Laboratories Limited

Farmer Name:	



		Ear Mark or Reference	Tube No.	Biobest Ref	Antibody				Antigen	PCR			Other			
Age	Sex				Schmallenberg Virus	Johnes Disease	Border Disease Virus	Caprine Arthritis Encephalitis (CAEV)	CLA	Liver Fluke Coproantigen (faeces)	BDV / BVD PCR Individual	BDV / BVD PCR Pooled*	Johne's PCR Individual (Faeces)	Johne's PCR Pooled* (Faeces)		*Up to 10 blood samples can be pooled for BDV / BDV and up to 5 faeces
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																300
																DV/E
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For parasitology and clinical chemistry test requests the farm animal clinical pathology submission form can be used: https://biobest.co.uk/wp-content/uploads/2021/01/ClinPath-Farm-Animal-Submission-Form-02Jul20.pdf

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