



# CLINPATH

## Farm Investigation

LABORATORY USE ONLY	
Date Received	
No. of Samples	
RFN	

Submitting Clinician:	
Veterinary Practice:	
Tel:	
Fax:	
Email:	
Preferred Reporting Method:	
Date of Sample Collection:	

Farmer:	
Postcode:	
CPH:	

<b>Species</b>		Bovine (Beef)		Bovine (Dairy)
		Ovine		Caprine
		Camelid (Alpaca)		Camelid (Llama)
		Other <b>SPECIFY</b>		

<b>Sample Type(s)</b>	Blood Smear	Tissue (Fresh)
Plain Tube (Red Top)	Milk (Plain)	Tissue (Fixed)
EDTA (Purple Top)	Milk (Preservative)	Other - <b>SPECIFY</b>
Lithium Heparin (Green Top)	Faeces (Individual)	
Fluoride (Grey Top)	Faeces (Pooled)	

**Animal and Sample Identification.** Please indicate tests required on test form (second page).

	Age	Sex	Ear mark or reference	Tube No.	Clinical History
1.					
2.					
3.					
4.					
5.					
6.					

LABORATORY USE ONLY		
Biobest Number(s)	Sample Type/Quality	Test Code

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