Animal Health and Welfare Pathway Worming Treatment Check:

Pre-treatment sample submission form



Testing must be undertaken in lambs with a worm burden (FEC > 200epg). Samples **must not** be pooled prior to submission. Submissions of less than 10 samples will not be tested. Treatment with anthelmintic **must** be on the day of sample collection.

Submissions that do not meet these criteria will not be tested.

Part 1 - Essential farm information

Farm name/address	Date of sample collection (15 samples required)									
Farmer e mail address										
Age of sheep sampled	1-3 mc	onths I	4-6 mor		7-12 month		ns	s Yearling		2+ years
Treatment product to		ı				<u> </u>			<u> </u>	
use										
Date to treat (day 0)	Today 🗆 (date for post-treatment collection ow (2-LV), 14 days for all others)				
Vet/advisor address and post code										
Part 2 – Sheep information										
Breed of sheep sample	ed									
Grazing group name / ID			Numl grazi					oup:		
Health status note (e.g. diarrhoea / poor condition)										
Time of last treatment		ess than 3	than 3 3-6 weeks >6 weeks				ago	Ne	ver	Other:
\ \		veeks ago						7		
Product used for last							L			
treatment:										
Part 3 – Survey										
Have you heard of or use		Yes –	Yes – use		No – don't use		No – don't know		now	
SCOPS?										
Do you think all wormers are		Yes –		No – some failing			No –			Don't know /
working well in your sheep?		work	Ш			all failing			Not tested	
If no, which are failing?										
ii no, which are failing?										
,		Yes – wor	Yes – worked well			Yes – not as well			sted	
whether worm treatments are working in your sheep?						as expected				
working in your sileep?						Ц				
If yes, how did you assess the			FEC before and		FEC before and		FEC after treatment only,			No FEC,
effect of worm treatment? FEC = Faecal Egg Count			after treatment using pooled group			after treatment using individual			only, with	Improvement in condition after
1 LO - I accai Lyg Count		• •	samples			samples			ls	treatment
		<u> </u>								
FOR BIOBEST USE ONLY	Date of ro	Date of receipt:				Databased/invoiced:				
		Date of receipt:					<u> </u>			
No. of samples:		Request form no.:					Vet checked by:			
Booked in by:	1 st report	1 st report sent (farmer and practice):					2 nd report sent (farmer and practice):			

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