

# Annual Health & Welfare Review

## Bovine Viral Diarrhoea (BVD)



**Date Sent:**

**Sender/Veterinary Practice:**

**Tel:**

**Fax:**

**Email:**

**Farmer:**

**CPH Number:**

**Tel:**

**Fax:**

**Email:**

**Beef Cattle:** Blood (Serum) antibody test. 6 samples from up to 2 management groups needed to qualify for funding.  
**Dairy Cattle:** Bulk milk - antibody test or PCR.

BEEF CATTLE (All samples will be tested for BVD Ab only)			
Animal ID	Biobest Reference (lab use only)	Animal ID	Biobest Reference (lab use only)

DAIRY CATTLE (Please select whether BVD Ab or BVD PCR is required)			
Animal ID	BVD Antibody	BVD PCR	Biobest Reference (lab use only)

Biobest Use Only	
Date of receipt:	Form no:
No. of samples:	Rep:
Booked in:	QC:

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