FARMER'S SUBMISSION FORM – BVD VIRUS SCREENING (using tissue tags)



PLEASE INSERT SCOTMOVES BAR CODE LABEL HERE	VETS DETAILS										
(This should contain the following information)	Name:										
Holding Number (CPH): / / Name:	Address:										
Address:											
Postcode:	Postcode:										
Tel:	Tel:										
Fax:	Fax:										
Email:	Email:										
Date samples were taken://											
Are you an acredited health scheme member?	6 🗌 -	NO									
<u>Declaration by Keeper</u> Samples submitted under options 2 and 3 (below) are intended to constitu		,									
for my herd; samples submitted under option 7 (below) are intended to be	additional to	screening tests for my herd.									
Signature: Date:											
For a calf screen, all calves born on the farm in a 12 month period must be screened for BVD virus. This includes any calves that are born dead or die before being officially tagged. Your 12 month period will be set by the date you carried out your final test for the year e.g. if your last screen ended 30 th April 2015 then the next screen will be all the calves born between 1 st May 2015 – 30 th April 2016.											
(Please copy this form for further calves as necessary or download: www.scotland.gov.uk/bvd) Please discuss the options on this submission form with the testing laboratory where necessary.											
Which screening method have you selected? (Please circoption 7 for additional testing)	cle option 2	or 3 for herd screening or									
2. TEST ALL CALVES including dead calves; using the ear tissue test.											
Does this submission complete the calf screen for this 12 month period? Yes No											
OR Are you expecting more calves to be born before the el	nd of this 12	2 month period? Yes No									
3. $\underline{\text{TEST ALL ANIMALS IN THE HERD}};$ using the ear tissue test.											
Does this submission complete the herd screen for this ye	ar?	Yes No									
OR Are you expecting more calves to be born before the er	d of this 12	? month period? Yes No									
For samples NOT intended to be part of your annual screening, or testing individuals in addition to a check test (blood sampling)	•	• • • •									
7. <u>OTHER BVD TEST</u>											

	Official ID (include all 12 digits per animal)									Tis	Tissue Tag Number (if different)			Lab	Lab Reference	
_																
_																
ead c	alve	3														
Dam's official ID						Tis	ssue tag nu	mber		Lab	reference	Virus				