

BVD MANDATORY ANNUAL SCREENING: SUBMISSION FORM

Veterinary Practice) :			Keeper	·:		
Practice			PLEASE HERE	E INSERT SCOTMOVE	S BARCODE L	ABI	EL
Name			(Label s	should include followi	ng information	1)	
Address			Holding Address	Number (CPH):	<u>/ / </u>		
			Postco				
			Name				
Postcode			CPH loc	cation of animals:	1 1		
Tel:			Tel:				
Fax:			Fax:				
email:			email:				
Date of sampling://		Is this an a	ccredited	d health scheme mem	ber? Yes □	No	
Have any of the animals contributing to this	submissio	on been vaccina	ited agains	at BVD?	Yes □	No	
Screening Method (please tick and co			•				
					·		
1. Check test:	(a)	5 homebred ca	alves per s	eparately managed group	, aged 9-18 month	s	
(check test submission form required)	(b)	10 homebred	calves per	separately managed group	p, aged 6-18 mont	hs	
	(c)	5 homebred a	nimals ove	r 18 months per separately	y managed group		
	(d)	Shetland only managed grou		ed calves aged 6-18 montl	hs per separately		
	(e)	-	naged gro	und calving) 10 homebred up, aged 9-18 months. Twi nths apart	-		
2. Calf screen:	ع الحيا	alves horn in th	e herd inc	luding any that are born d	ead (NR		П
(calf screen submission form required)	i.e. all calves born in the herd, including any that are born dead (NB unregistered calf samples need to be submitted with their dam's id number						
	•	•		alf screen for this year	Yes □	No	
Lab references for previous calf tests this ye	ar, if appr	opriate:					
, ,	,						
3. Whole herd screen: (whole herd screen submission form req		nimals in the he	erd includir	ng all calves and any bulls			
Lab references for previous tests of animals	,	d if appropriate	a ·				
Lan references for previous tests of animals	in the ner	u, ii appiopilati	ᠸ.				

			Continu	ied over the page	: /
4. Other BV	<u>'D test(s)</u>				
(any BVD te	st which does not form part of man	datory annual screening)	(a) ant	igen/virus	
			(b) ant	ibody	
Doolorotion	by Kaanar				
Declaration 1. These san	nples are intended to constitute a man	datory annual screening tes	for BVD for my he	erd.	
	se samples are submitted for check te esented the appropriate number of eli				with my vet, and
Signature:		Date:			
	ck this box if you do not give perm nent-appointed research providers t	·	•	mit to be share	ed with Scottish
	by Veterinary Surgeon				
	mples are being submitted in accordar re included laboratory references for o		adication scheme a	after discussion v	with the cattle
·	mples have been submitted for check	•	senarately manage	ed group" as def	ined by the RVD
(Scotland) Or housed toget	rder 2013 is"within a breeding herd, her (a) separately from other animals	any bovine animals that, for	a period of two m	onths or more, g	raze or are
circulate amo	ongst them"; AND				
	en provided with evidence that the anir fined in paragraph 2.	mals presented for sampling	are representative	of the separatel	y managed
•	ealing with larger management groups	e sampling a larger number.	of plinibly-anad ani	imale will represe	ant the herd
	eliably, e.g. for management groups la				
Signature:		Date:			
Name:					
ivallie.					

Date of receipt:	No of samples	Reported:	Invoiced:
Initials:	Checked:	Vet:	Databased:

FOR LABORATORY USE: Lab Ref No:

Please be aware that it is a legal requirement for laboratories to inform the keeper of the test results.

CHECK TEST SUBMISSION FORM:

Please copy this page of the form for each management group as necessary.

- (a) Take samples of blood from not less than five calves in the age range <u>9 to 18 months</u> in each <u>separately managed group.</u> If there are fewer than five calves in a group, then test all calves in the group.
- (b) If animals of 9-18 months are not available, samples can be taken from calves of 6-18 months, although maternal antibodies may still be present. When testing calves of 6-18 months, 10 animals in each separately managed group must be sampled.
- (c) Where there are less than 10 calves 6-18 months, not less than 5 homebred animals over 18 months of age per <u>separately</u> <u>managed group</u> can be used for the check test however, animals that have been born into the herd since achieving BVD-free status should be tested to avoid detecting antibodies from historic exposure.
- (d) Shetland only- take samples from 5 calves in the age range 6-18 months in each separately managed group.
- (e) Dairy herds that calve all year round: take samples of blood from at least 10 animals aged 9-18 months from each <u>separately-managed group</u>. The test must be carried out twice a year. The interval between tests must not be more than 7 months. The use of two check tests per year helps to ensure that the year-round calving herd is surveyed properly.

How many breeding cows are on the farm?]	
How many calving periods does the farm have each year?		
How many separately managed groups of stock in the age range 9 to 18 months or 6 to 9 months are present on the farm, according to the cattle keeper?		
CHECK TEST		

Official ID (UK 12 digit ID must be used)	Tube Number	Laboratory Reference	BVD Ab	BVD virus
If 6-18 months OR if a	dairy check test, 5 further san	nples required:	•	

CALF SCREEN SUBMISSION FORM:

Please copy this form for further calves as necessary.

For a calf screen, all calves born on the farm in a 12 month period must be screened for BVD virus. The 12 month period will be set by the timing of the last test e.g. if the last screening test was done between February 2012 and February 2013 then all calves must be tested from February 2013 to February 2014.

Please discuss the options for this with the testing laboratory where necessary – this can be done by blood or ear tissue testing.

CALF SCREEN				
Official ID (UK 12 digit ID must be used)	Tube/Tag Number	Laboratory Reference	BVD Virus	
Unregistered Calves				
Dam's official ID	Tube/tag number	Laboratory Reference	BVD virus	

WHOLE HERD SCREEN:

Please copy this page of the form for further cattle as necessary.

For a whole herd screen, all cattle on the farm have to have been screened to ensure they are not persistently infected (PI). Please discuss the options for this with the testing laboratory where necessary.

WHOLE HERD SCREEN				
Official ID (UK 12 digit ID must be used)	Tube Number	Laboratory Reference	BVD Virus	