

BOVINE TESTS

Non milk samples only

Download to use
interactive form fields



Date Sent:
Sender/Veterinary Practice:
Tel:
Fax:
Email:

Farmer:
CPH Number:
Tel:
Fax:
Email:

Type of testing required (please tick)

HiHealth Herdcare Please include a signed health scheme membership declaration if testing for annual screening	Scottish Government Declaration (Note: From 01Sep13 results for all BVD testing Scottish herds will be returned to the Scottish Government) Routine Diagnostic Testing Individual Animal Health Status (Sales Certificates)
Reason for testing (eg added animal/annual screen) and other comments:	

Sample type (please tick) if you are submitting milk sample please use bovine milk form

Individual blood/serum	Faeces	Respiratory sample:
Pooled serum	Ear tissue	Swab
		Tissue
		BAL

Biobest Use Only		
Date of receipt:	Form no:	
No. of samples:	Rep:	Invoice:
Booked in:	QC:	Vet:
	Fax:	Date report faxed:

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Farmer Name:

*Bulk Milk testing available

^Other tests offered include: Rotavirus & Coronavirus, Total IgG (please phone to discuss your requirements)

*Please note that up to 5 samples of the same sample type can be pooled for Respiratory PCR



					Antibody test													Antigen		PCR							
Age	Sex	Ear Mark or Reference	Tube No	Biobest Ref	BVD ¹	Johnes ¹	Leptospira hardjo ¹	IBR ¹	IBR gE marker	Neospora caninum	Liver fluke	Mycoplasma bovis	Ostertagia ¹	PI3	RSV	Schmallenberg	Salmonella	BVD Antigen (Blood/Ear Tissue)	Fluke Coproantigen (Faeces)	Johnes PCR (Faeces)	BVD PCR (Individual Serum)	BVD PCR (Pooled Serum)	Respiratory PCR (Individual)	Respiratory PCR ² (Pooled)	Other		

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