## **Animal Health and Welfare Pathway Worming Treatment Check:**

## Pre-treatment sample submission form



Testing should be undertaken in lambs with a worm burden (FEC > 200epg). At least 10 samples must be submitted. Samples **must not** be pooled prior to submission. Treatment with anthelmintic **must** be on the day of sample collection. Auditing by RPA is undertaken and funding may be denied if guidance is not followed. Submissions that do not meet these criteria may not be tested.

## Part 1 - Essential farm information

Farmer name / farm address / email									Date of sample collection (15 samples required)			
Age of sheep sampled			ths	4-6 months		7-12 month:		าร	Yearling		2+ years	
Treatment product used												
Date of treatment (day 0)	Today [	Ot					Tip: record the date for post-treatment collection 7 days for Yellow (2-LV), 14 days for all others)					
Vet / advisor address and post code												
Part 2 – Sheep information												
Breed of sheep sampled												
Grazing group name / ID							Number in grazing group					
Health status note (e.g. diarrhoea / poor condition)												
Time of last treatment		Less than 3 weeks ago		3-6 weeks ago		>6 weeks a		ago	Never		Other:	
Product used for last treatment:												
Part 3 – Survey												
Have you heard of or use SCOPS?			Yes –	use	No –	- don't use		No – don't kno		now		
Do you think all wormers are working well in your sheep?			Yes workii	No – some failing			No – all failing □		3	Don't know / Not tested		
If no, which are failing?	•											
Have you previously evaluated whether worm treatments are working in your sheep?			Yes – worked well		Yes – not as well as expected □			No – not tested				
If yes, how did you assess the effect of worm treatment? FEC = Faecal Egg Count			FEC befo after trea using poole sampl □	FEC before and after treatment using individual samples			FEC after treatment only, pooled or with individuals □		nly, vith	No FEC, Improvement in condition after treatment □		
FOR BIOBEST USE ONLY			Date of receipt:					No. o	of samples:			
Booked in/databased by:			Request form no.:					LIMS	LIMS test code:			
☐ Please tick box if samples cannot be anonymised and used for further research/surveillance/test validation												

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