

BOVINE MILK TESTS



Date sent:
Sender/Veterinary Practice:

Tel:
Fax:
Email:

Farmer:

CPH Number:
Tel:
Fax:
Email:

Individual Milk

Bulk Milk

Tube Number	Biobest Reference Number

Test (Please tick):

BVD Antibody

Neospora Antibody

Lepto Antibody

IBR Antibody

Ostertagia Antibody

BVD PCR

IBR gE Antibody (marker)

Salmonella Antibody

Mastitis PCR

Johne's Antibody

Liver Fluke Antibody

M. bovis Antibody

History:

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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