

OVINE SUBMISSION FORM



| Date sampled: | Farmer: | | | | | | | |
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| Tel: | | | | | | | | |
| Fax: | | | | | | | | |
| Email: | | | | | | | | |
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| Reason for testing (eg added animal/annual screen) and other comments: Please note Biobest does not have the facilities to handle abortion/stillbirth material other than blood samples for maternal serology | | | | | | | | |
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| | | | | | | | | |
| Sample type: | Faeces | | | | | | | |
| Blood Plain (Clotted) □ | | | | | | | | |
| Heparin □ | | | | | | | | |
| EDTA □ | Pooled | | | | | | | |
| | | | | | | | | |
| | Biobest Use Only | | | | | | | |
| Date of Receipt: Form No.: | | | | | | | | |
| No of Samples: Database | | | | | | | | |
| ' | e checked by: Sent by: Date sent: | | | | | | | |
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Please note that the services performed by Biobest are subject to the Biobest Terms & Conditions of Supply which were updated January 2021 and which are deemed to be incorporated into this contract. For a copy of these terms and information concerning the test methods employed, sample requirements and test pricing please contact

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| Farmer Name: | |
|--------------|--|
| | |





| Age | | | | | | А | ntiboo | ly | Antigen | PCR | | | | | |
|-----|-----|-----------------------|----------|-------------|---------------|----------------|-------------|----------------|------------|-----|-------------------------------|--------------------------------|--------------------|------------------------|-------|
| | Sex | Ear Mark or Reference | Tube No. | Biobest Ref | Schmallenberg | Johnes Disease | Liver Fluke | Border Disease | MaediVisna | CLA | Psoroptes ovis (SheepScab) | Fluke coproantigen (Faeces) | Border Disease PCR | Johnes PCR (Faeces) | Other |
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