

Bovine Milk Submission Form



Submitting Clinician:		Farmer Name:	
Vet Practice Name & Address:		Farm Address:	
Tel:		Tel:	
Email:		Email:	
Date Sent:		CPH Number:	

Individual Milk		Bulk Milk	
-----------------	--	-----------	--

Biobest No.	Tube No.
001	
002	
003	
004	
005	

Test Required					
BVD Antibody		Neospora Antibody		Lepto Antibody	
IBR Antibody		Ostertagia Antibody		M. bovis Antibody	
IBR gE Antibody (marker)		Salmonella Antibody		BVD PCR	
Johne's Antibody		Liver Fluke Antibody		Mastitis PCR	

Clinical History*:	
--------------------	--

*Please include details of any recent foreign travel, contact with imported animals or association with any infectious disease outbreaks

Biobest Use Only

No. of Samples:	Databased:	RFN:
	Ref Check:	
Booked in by:	Report Sent:	

Biobest Laboratories Ltd, 6 Charles Darwin House, The Edinburgh Technopole, Milton Bridge, Nr Penicuik, EH26 0PY, UK
Tel: +44 (0)131 440 2628 Fax: +44 (0)131 440 9587 email: enquiry@biobest.co.uk www.biobest.co.uk

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. The animal owner has given permission for any remnant samples to be used for clinical research. For a copy of these terms and information concerning the test methods employed, sample requirements and test pricing please contact Biobest or visit www.biobest.co.uk (2025) Biobest Laboratories Limited