Caprine Submission Form

Sender Name:		Farmer Name:	
Address:		Address:	
Tel:		Tel:	
Email:		Email:	
Date Sent:		CPH Number:	

Reason for testing and comments	
Clinical History: (Please include details of any recent foreign travel, contact with imported animals or association with any infectious disease outbreaks)	
Other Comments	

Sample Type					
Serum		Faeces Individual		Faeces Pooled	

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

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Farmer Name:	

Up to 10 blood samples can be pooled for BDV / BDV and up to 5 faeces samples can be pooled for Johne's PCR, please indicate samples to pool.

No.	Age	Sex	Ear Mark or Reference	Tube No.	Antibody							Antigen	PCR		
					Schmallenberg	Johne's	Caprine Arthritis Encephalitis	Border Disease	MaediVisna	CLA	Psoroptes ovis (Sheep Scab)	Fluke coproantigen	BDV/BVD	Johnes	Other
001															
002															
003															
004															
005															
006															
007															
008															
009															
010															
011															
012															

For parasitology and clinical chemistry test requests please use our farm animal clinical pathology submission form