

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:
Booked in by:	Ref Check:	
	Report 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. 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

Farmer Name:	
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Up to 10 blood samples can be pooled for BDV / BVD 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	Johne's	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