

CLINPATH

Farm Investigation

Submitting Clinician:	
Veterinary Practice:	
Tel:	
Email:	
Preferred Reporting Method:	
Date of Sample Collection:	

Farmer:	
Postcode:	
CPH:	

Is farmer HHF member? Yes No

Species	Bovine (Beef)	Ovine	Camelid (Alpaca)	Other (Please specify)
	Bovine (Dairy)	Caprine	Camelid (Llama)	

Sample Type(s)	Blood Smear	Tissue (Fresh)
Plain Tube (Red Top)	Milk (Plain)	Tissue (Fixed)
EDTA (Purple Top)	Milk (Preservative)	Other (Please specify)
Lithium Heparin (Green Top)	Faeces (Individual)	
Fluoride (Grey Top)	Faeces (Pooled)	

Animal and Sample Identification. Please indicate tests required on test form (second page).

	Age	Sex	Ear mark or reference	Tube No.	Clinical History and differential diagnosis*
1.					
2.					
3.					
4.					
5.					
6.					

*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:	
	Report Sent:	
Booked in by:		

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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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