

Sender Name:		Date Sent:	
Address:		Clinical Hsitory: (Please include details of any recent foreign travel, contact with imported animals or association with any infectious disease outbreaks)	
Tel:			
Email:			I

Paired testing required? No Yes (include previous sample ref)

No.	Sample Ref	Owner/Trainer	Veterinary Surgeon	EVA titration	EIA Serology (Coggins Test)
001					
002					
003					
004					
005					

Sample type required: Min vol 200µl - Serum preferred Please consult our website for testing & turnaround schedule.

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

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