



Ovine Submission Form



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

Are you a member of HiHealth Flockcare?

Yes

No

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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