



Sheep Scab ELISA Flock Screening Submission Form

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

Reason for testing:	Diagnosis		Monitoring		Quarantine		Other (specify)	
---------------------	-----------	--	------------	--	------------	--	-----------------	--

Has sheep scab been diagnosed in your flock in the previous 2 years?	Yes		No	
--	-----	--	----	--

Farm Type:	Lowland		Upland		Hill	
------------	---------	--	--------	--	------	--

No. of breeding ewes:		Total sheep on holding:		No. in affected group:	
-----------------------	--	-------------------------	--	------------------------	--

Have the sheep from which blood samples have been collected been treated with a product active against sheep scab in the last 4 months?	Yes (specify below)		No	

Are your boundaries stockproof with respect to incursions of animals from other flocks?	Yes		No	
---	-----	--	----	--

Please indicate any of the following that apply to your flock:					
Use contract shearers		Use contract dippers		Use contract scanners	
Share livestock trailers		Share gathering facilities		None	

Do you isolate incoming stock for at least 3 weeks?	
Are incoming sheep treated for sheep scab on arrival?	
Are incoming sheep tested for sheep scab with the blood ELISA test while in isolation?	

Biobest Use Only

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

Biobest Laboratories Ltd, 6 Charles Darwin House, The Edinburgh Technopole, Milton Bridge, Nr Penicuik, EH26 0PY, UK
Tel: +44 (0)131 440 2628 Fax: +44 (0)131 440 9587 email: enquiry@biobest.co.uk www.biobest.co.uk

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



Biobest Ref.	Eartag ID	Age	Itchy / Fleece loss (Y/N)	Other test requests (e.g. trace element analysis or parasitology)
001				
002				
003				
004				
005				
006				
007				
008				
009				
010				
011				
012				