Ovine T. circ IgA Submission Form

Serum/Salivary



| Sender Details | Sample Details | |
|-------------------------|---|---------------------------------|
| Contact Name: | Date Sampled: | |
| Vet/Other Contact: | Date Sent: | |
| Sender's unique ref no: | Sample Type: | |
| Address: | Breed: | |
| | Age: | |
| | No. of Samples Sent (enter details overleaf): | |
| Tel: | This space may be | used by sender to affix barcode |
| Email: | or oth | ner sample ID sticker |

NOTES

Please note: the lambs being tested need to be under a worm challenge (ideally worm count >300) and a mob FEC sample should be taken to determine this.

In order that lambs have a high enough egg count for variation between individual animals to be expressed it is vital that lambs are exposed to a parasite infection. When mob sampling:

- The lambs must not have been treated for worms within the last 4 weeks at least
- The lambs should be grazing on 'dirty' pastures for at least the last 4 weeks.
- Please Do not drench the animals to be included in this programme with any product claiming to be 'long-acting' or 'persistent' (e.g. products such as Cydectin drench, Ivomec and Dectomax injection). These are residual drenches and will invalidate the results and all your efforts.
- Please Ensure as far as is practical that all animals included have the same or similar grazing history and management treatments (this will mean that results are more comparable as the animals will have been exposed to the same types and levels of parasitic infection). If lambs are kept in different groups/mobs please submit samples in separate groups and identify the groups clearly.

| Worming History | |
|--|--|
| Date and results of last worm egg count | |
| Date of last wormer and type of worming product used | |
| Grazing History | |
| Approx. date lambs were grouped prior to sampling | |
| Type of grazing | |
| Approx. time from last feed to sampling (minutes) | |

| Biobest Use Only | | | |
|------------------|--------------|------|--|
| No.of Samples: | Databased: | RFN: | |
| Booked in by: | Ref Check: | | |
| Booked III by. | Report Sent: | | |

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Test Request Form



| Biobest No. | Sender Ref. | Animal ID | Sample Type | Age | Sex |
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Test Request Form



| Biobest No. | Sender Ref. | Animal ID | Sample Type | Age | Sex |
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