

BVD ELISA Testing Submission Form

WVSC Ref:	WVSC USEONLY
Date received:	WVSC USEONLY

PLEASE COMPLETE ALL SECTIONS BELOW

CLIENT'S NAME & ADDRESS

Postcode:	
CPHH:	

Address where animals kept, if different from above:

Postcode:	
CPHH:	

VETERINARY PRACTICE

Email(s) for results*:	
Clinician:	

* The email address(es) given will be used to report results.

Total number of tubes submitted:		Date of Sampling:	
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Group Name:	
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	ANIMAL ID:	TUBE REFERENCE NUMBER: (or Blood Tube Barcode Sticker)	Please tick required BVD TEST (✓)		OFFICE USE:
			Antibody	Antigen	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

Please tick this box if samples cannot be used anonymously for research and/or test development

DATA PROTECTION: Any information given on this form regarding samples submitted for post-mortem examination may be shared with the APHA as part of the government surveillance network. For further information on how we handle personal data please read our privacy notice at www.wvsc.wales

	ANIMAL ID:	TUBE REFERENCE NUMBER: (or Blood Tube Barcode Sticker)	Please tick required BVD TEST (✓)		OFFICE USE:
			Antibody	Antigen	
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

Please use a paginated supplementary sheet for additional animal/sample identification if required*

COMMENTS: