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|  |  |  |  |  |  |  |  |  |  |  |  | **BVD ELISA Testing** **Submission Form** | WVSC Ref: | WVSC USEONLY |
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|  |  |  |  |  |  |  |  |  |  |  |  | Date received:  | WVSC USEONLY |
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| **PLEASE COMPLETE ALL SECTIONS BELOW** |
| **CLIENT’S NAME & ADDRESS** |  | **VETERINARY PRACTICE** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| CPHH: | Click or tap here to enter CPHH. |
| Address where animals kept, if different from above: | Email(s) for results\*: | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. |
| Clinician: | Click or tap here to enter text. |
| CPHH: | Click or tap here to enter CPHH. | \* The email address(es) given will be used to report results. |

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| Total number of tubes submitted: | No. of Tubes | Date of Sampling: | Click or tap to enter a date. |

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| Group Name: | Click or tap here to enter text. |

|  | ANIMAL ID: | TUBE REFERENCE NUMBER:(or Blood Tube Barcode Sticker) | Please tick required BVD TEST (🗸) | OFFICE USE: |
| --- | --- | --- | --- | --- |
|  |  |  | Antibody | Antigen |  |
|  | Ear Tag | Tube Number |[ ] [ ]   |
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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](http://www.wvsc.wales)

|  | ANIMAL ID: | TUBE REFERENCE NUMBER:(or Blood Tube Barcode Sticker) | Please tick required BVD TEST (🗸) | OFFICE USE: |
| --- | --- | --- | --- | --- |
|  |  |  | Antibody | Antigen |  |
|  | Ear Tag | Tube Number |[ ] [ ]   |
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**Please use a paginated supplementary sheet for additional animal/sample identification if required\***

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| COMMENTS: Click or tap here to enter text. |