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|  |  |  |  |  |  |  |  |  |  |  |  | **BVD ELISA Testing**  **Supplementary Sheet**  | WVSC Ref: | WVSC USEONLY |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | Date received:  | WVSC USEONLY |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **USE THIS SHEET FOR ADDITIONAL ANIMALS. PLEASE COMPLETE THE PAGE NUMBERS\*** |
| CPHH: | Click or tap here to enter CPHH. |  |  |

|  |  |
| --- | --- |
| Group Name: | Group name, if different. |

|  | ANIMAL ID: | TUBE REFERENCE NUMBER:(or Blood Tube Barcode Sticker) | Please tick required BVD TEST (🗸) | OFFICE USE: |
| --- | --- | --- | --- | --- |
|  |  |  | Antibody | Antigen |  |
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