

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:

Group Name:

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