

Sheep Scab Serology Request

WVSC Ref:	WVSC USEONLY
Date received:	WVSC USEONLY

FOR A SHEEP SCAB FLOCK SCREEN TEST, PLEASE COMPLETE ALL SECTIONS BELOW

CLIENT'S NAME & ADDRESS

Click or tap here to enter text.

CPHH: Click or tap here to enter CPHH.

Address where animals kept, if different from above:

Click or tap here to enter text.

CPHH: Click or tap here to enter CPHH.

VETERINARY PRACTICE

Click or tap here to enter text.

Email(s)*: 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.

& Mobile No. Click or tap here to enter text.

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

Reason for testing

Choose an item.

Other:

Click or tap here to enter text.

For a flock sheep scab screen test, please take blood (plain/red-top) from 12 sheep per management group (and include those with wool loss or signs of scratching). Please provide as much additional information as possible.

Sheep scab diagnosed on the farm in the previous 2 years?

Yes/No

If yes, how was it diagnosed?

Choose an item or type in other.

Sheep scab suspected on the farm in the previous 2 years?

Yes/No

Last treatment against scab:

Enter date.

Product Used:

Click or tap here to enter text.

Flock Type

Hill

Upland

Lowland

Lamb Finisher

Total animals on farm

Breeding Ewes xxx

Replacements xxx

Rams xxx

Lambs xxx

Other xxx

Biosecurity (please mark all that apply on farm)

Incoming sheep protocols:

Boundary is double fenced

Use contractors for scanning

Incoming sheep isolated for 3 wks

Neighbouring sheep break in/out

Use contractors for shearing

Treated for scab on arrival

Share facilities / equipment

Use contractors for dipping

If yes, with what? xxx

Share stock trailers

Keepers do work on other farms?

Blood tested for scab in isolation

Date of sampling:

Enter date.

Total number of tubes submitted:

Click or tap here to enter text.

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

GROUP NAME/REFERENCE:		Click or tap here to enter text.		
TOTAL NUMBER IN GROUP (INCLUDING THOSE NOT SAMPLED):		xxx	Sheep Scab suspected in the group? (If yes, please be sure to sample suspects)	Yes/No/Unsure
ANIMAL ID:		TUBE REFERENCE NUMBER: or Blood Tube Barcode Sticker	Sheep Scab Antibody ELISA (<i>Psoroptes ovis</i>)	WVSC USE:
1.	Ear Tag	Tube Number	<input checked="" type="checkbox"/>	
2.	Ear Tag	Tube Number	<input checked="" type="checkbox"/>	
3.	Ear Tag	Tube Number	<input checked="" type="checkbox"/>	
4.	Ear Tag	Tube Number	<input checked="" type="checkbox"/>	
5.	Ear Tag	Tube Number	<input checked="" type="checkbox"/>	
6.	Ear Tag	Tube Number	<input checked="" type="checkbox"/>	
7.	Ear Tag	Tube Number	<input checked="" type="checkbox"/>	
8.	Ear Tag	Tube Number	<input checked="" type="checkbox"/>	
9.	Ear Tag	Tube Number	<input checked="" type="checkbox"/>	
10.	Ear Tag	Tube Number	<input checked="" type="checkbox"/>	
11.	Ear Tag	Tube Number	<input checked="" type="checkbox"/>	
12.	Ear Tag	Tube Number	<input checked="" type="checkbox"/>	

COMMENTS (e.g. Has group been treated recently, if so with what. Which ones, if any, showed signs of scab?):
Click or tap here to enter text.

Please click '+' or reprint this page (and paginate) supplementary sheets for additional animals/groups