

BVD ELISA Testing Submission Form

WVSC Ref:	WVSC USE ONLY
Date received:	WVSC USE ONLY

PLEASE COMPLETE ALL SECTIONS BELOW

CLIENT'S NAME & ADDRESS

CPHH:	

Address where animals kept, if different from above:

CPHH:	

VETERINARY PRACTICE

Email(s)*:	
Clinician:	
& Mobile No.	

* 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/REFERENCE:					
ANIMAL ID:	TUBE REFERENCE NUMBER: or Blood Tube Barcode Sticker	Please tick required BVD TEST (✓)			
		Blood Antibody	Blood Antigen	Ear Notch Antigen	
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PLEASE REMEMBER TO PAGINATE THE SUPPLEMENTARY PAGES IN THE SPACE BELOW

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:					
ANIMAL ID:		TUBE REFERENCE NUMBER: or Blood Tube Barcode Sticker	Please tick required BVD TEST (✓)		
			Blood Antibody	Blood Antigen	Ear Notch Antigen
11.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS: Click or tap here to enter text.					

PLEASE REMEMBER TO PAGINATE THE SUPPLEMENTARY PAGES IN THE SPACE BELOW