|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  | **General** **Submission Form** | WVSC Ref: | WVSC USEONLY |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | Date received:  | WVSC USEONLY |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **PLEASE USE SPECIFIC SUBMISSION FORMS FOR SUBMITTING POSTMORTEM EXAMINATIONS & SHEEP SCAB** |
| **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. | **Email(s)\*:** | Click or tap here to enter text. |
| Address where animals kept, if different from above: | 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. |
| **CPHH:** | Click or tap here to enter CPHH. | \* The email address(es) given will be used to report results. |
|  |
| **Species** | Click or tap here to enter text. | **Breed** | Click or tap here to enter text. |
|  |
| **Date of sampling:** | Enter date. | **Total number of samples submitted:** | Click or tap here to enter text. |

**TESTS REQUIRED** *(see pricelist at www.wvsc.wales for test details and requirements)*

|  |  |  |
| --- | --- | --- |
| **RUMINANT SEROLOGY**  |  |  |
| **BVD Testing** | **BVD Antibody ELISA** |[ ]   | **COMMENTS** Click or tap here to enter text. |
|  | **BVD Antigen ELISA** |[ ]   |  |
|  | **BVD Antigen ELISA (Ear Notch)** |[ ]   |  |
| **Small Ruminant Flock Antibody Screening Tests** | ***T. gondii* (Toxo) Antibody ELISA** |[ ]   |  |
|  | ***C. abortus* (EAE) Antibody ELISA** |[ ]   |  |
|  | **Border Disease (BDV) Antibody ELISA** |[ ]   |  |
| **ZST Test (Estimate of Immunoglobulins)** |[ ]   |  |
| **FARM ANIMAL PARASITOLOGY & MICROSCOPY** |  |  |
| **Worm Egg & Coccidial Oocyst Count** |[ ]   |  |
| **Camelid Worm Egg & Coccidial Oocyst Count** |[ ]   |  |
| **Composite Worm Egg Count (Monitoring)** |[ ]   |  |
| **Fluke Egg Examination (Individual)** |[ ]   |  |
| **Composite Fluke Egg Examination** |[ ]   |  |
| **Individual Worm Egg Count & Fluke Egg Examination** |[ ]   |  |
| **Ectoparasites in Wool/Hair Scrapings** |[ ]   |  |
| **Lungworm Larvae Examination (Baermann Technique)** |[ ]   |  |
| **Cryptosporidium Smear** |[ ]   |  |
| **Smear (MZN/Kinyoun)** |[ ]   |  |

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)

| **GROUP NAME/REFERENCE:** | Click or tap here to enter text. |
| --- | --- |
| **ANIMAL EAR TAG / ID:** | **SAMPLE / TUBE** **REFERENCE NUMBER:** *or Barcode Sticker* | **COMMENTS:***e.g. please indicate which test(s) are required for animal and/or sample* |
|  | Ear Tag / ID | Tube Number | Click or tap here to enter text. |
|  | Ear Tag / ID | Tube Number | Click or tap here to enter text. |
|  | Ear Tag / ID | Tube Number | Click or tap here to enter text. |
|  | Ear Tag / ID | Tube Number | Click or tap here to enter text. |
|  | Ear Tag / ID | Tube Number | Click or tap here to enter text. |
|  | Ear Tag / ID | Tube Number | Click or tap here to enter text. |
|  | Ear Tag / ID | Tube Number | Click or tap here to enter text. |
|  | Ear Tag / ID | Tube Number | Click or tap here to enter text. |
|  | Ear Tag / ID | Tube Number | Click or tap here to enter text. |
|  | Ear Tag / ID | Tube Number | Click or tap here to enter text. |
|  | Ear Tag / ID | Tube Number | Click or tap here to enter text. |
|  | Ear Tag / ID | Tube Number | Click or tap here to enter text. |
|  | Ear Tag / ID | Tube Number | Click or tap here to enter text. |
|  | Ear Tag / ID | Tube Number | Click or tap here to enter text. |
|  | Ear Tag / ID | Tube Number | Click or tap here to enter text. |
|  | Ear Tag / ID | Tube Number | Click or tap here to enter text. |
|  | Ear Tag / ID | Tube Number | Click or tap here to enter text. |
|  | Ear Tag / ID | Tube Number | Click or tap here to enter text. |
|  | Ear Tag / ID | Tube Number | Click or tap here to enter text. |
| 1.
 | Ear Tag / ID | Tube Number | Click or tap here to enter text. |

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