|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  | **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** |  | **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. |
|  |
| **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](http://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****(*Psoroptes ovis)*** | **WVSC USE:** |
|  | Ear Tag | Tube Number | ☑ |  |
|  | Ear Tag | Tube Number | ☑ |  |
|  | Ear Tag | Tube Number | ☑ |  |
|  | Ear Tag | Tube Number | ☑ |  |
|  | Ear Tag | Tube Number | ☑ |  |
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|  | Ear Tag | Tube Number | ☑ |  |
|  | Ear Tag | Tube Number | ☑ |  |
|  |
| **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**