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| **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)*

|  |  |  |
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| **RUMINANT SEROLOGY**  |  |  |
| **BVD Testing** | **BVD Antibody ELISA****(Bovine serum)** |[ ]   | **COMMENTS** Click or tap here to enter text. |
|  | **BVD Antigen ELISA****(Bovine serum)** |[ ]   |  |
|  | **BVD Antigen ELISA (Ear Notch)** |[ ]   |  |
|  | ***BVDFree England Upload Required*** |[ ]   |  |
| **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) - Serum** |[ ]   |  |
| **FARM ANIMAL PARASITOLOGY & MICROSCOPY** |  |  |
| **Worm Egg & Coccidial Oocyst Count** *(Min 3g faeces)* |[ ]   |  |
| **Camelid Worm Egg & Coccidial Oocyst Count** *(Min 6g faeces)* |[ ]   |  |
| **Composite Worm Egg Count (10 individuals)***(10 x 3g (minimum) individual faecal samples from a single group)* |[ ]   |  |
| **Fluke Egg Examination (Individual)** (*Minimum of 40g of faeces)* |[ ]   |  |
| **Composite Fluke Egg Examination (10 individuals)***(10 x 5g (minimum) individual faecal samples from a single group)* |[ ]   |  |
| **Individual W.E.C. & Fluke Egg Examination** *(Min 43g Faeces)* |[ ]   |  |
| **Ectoparasites in Wool/Hair Scrapings** |[ ]   |  |
| **Lungworm Larvae Examination** *(Min 10g FRESH Faeces)* |[ ]   |  |
| **Smear - Please specify in comments** |[ ]   |  |

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