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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**