

Blood Testing Submission Form

Veterinary Practice Details	
Name:	_____
Address:	_____ _____
Phone:	_____
Email:	_____
Submitting Vet:	_____
Signature:	_____

Herd Owner Details	
Name:	_____
Address:	_____ _____
Herd Number:	_____
Phone:	_____
Email:	_____

Sample Details		
Clotted <input type="checkbox"/>	Number of Samples: _____	Additional Comments:
EDTA <input type="checkbox"/>	Date of Sampling: _____	
Lithium Heparin <input type="checkbox"/>		

Blood Chemistry			
Tube No	Cow ID	Tube No	Cow ID
Test required			
Mineral Profile (Li-hep & Clotted vials required) <input type="checkbox"/>	Metabolic Profile <input type="checkbox"/>	Haematology <input type="checkbox"/>	
Pool Samples (max 6 animals) Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Additional Comments/Requests			

See overleaf for additional tests

For Laboratory Use Only	Comments:
Job No:	
SO Number:	
Date received:	
Received by:	
Sample received in good condition: Yes <input type="checkbox"/> No <input type="checkbox"/>	

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Animal Tag Number/ Sample ID	Tube Number	Elisa Tests														Other tests	
		BVD antibody*	BVD Virus (antigen)* Animal > 75 days old	IBR gB* (un-vaccinated)	IBR gE* (vaccinated)	Johnes* please see submission form F119 on our website	Leptospirosis	Mycoplasma bovis	Neospora	Fluke	Q Fever	PIV3	Pregnancy Test	Salmonella	Schmallenberg	RSV	BVD Virus PCR* Animal < 75 days old

For >10 animals, please append a full list of all animal ID's to this submission form

*Tests for which AHL is ISO17025 accredited

Additional Comments/Requests