

**Veterinary Practice Details**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Submitting Vet: \_\_\_\_\_

Signature: \_\_\_\_\_

**Herd Owner Details**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Herd Number: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Sample Details**

Bovine       Ovine       Number of Samples: \_\_\_\_\_

Equine       Other \_\_\_\_\_      Date of Sampling: \_\_\_\_\_

Do you want AHL to pool samples for testing:      Yes       No

Animal Tag Number/ Sample ID	Tube Number	Parasitology					Other Tests	
		Adult Scour Package (Liver/Rumen Fluke, Worms & Coccidia)	Worms & Coccidia	Fluke (Liver & Rumen)	Lungworm	Caif Scour Profile (E. coli, Rota, Corona, Crypto) For calf up to approx. 6 weeks old	Salmonella Culture	Johnes Faecal PCR* For IICP ancillary testing please use AHI ancillary test form

For >5 animals, please append a full list of all animal ID's to this submission form

\*Tests for which AHL is ISO17025 accredited

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"/>	

