Name of Veterinary Surgeon:								Name of Owner:								Invoicing and issuing results:					
Name of Clinic:							Address:								(Please note results will only be issued to the bill payer)						
Address:								Telephone:								Please send invoice and results to:					
Email address:								Herd Number:							Vet □ OR Owner □						
Number of Samples Submitted: Sample Type: Milk ☐ Blood ☐								Email :								Additional comments:					
Vet Signature :																					
								<u> </u>													
*Tests for which AHL is ISO 17025 Accredited ^ Tested Externally Please not							e italic tests are only available on serum samples. All other ava									vailable on both serum/milk.					
	Note 12 Digit Tag ID must be submitted				1700				_	ELISA	Ą	ŞA				ISA		>			
	Tag ID Number	Tube Number	BVD antibody ELISA* <b>T302</b>	BVD virus (antigen) Animal > 75 days old ELISA * <b>T301</b>	PCR BVD Virus^ Animal < 75 days old	Fluke antibody ELISA <b>T311</b>	IBR gB antibody ELISA (un-vaccinated) <b>T306</b>	IBR gE antibody ELISA (vaccinated) <b>T307</b>	Johnes antibody ELISA* <b>T307</b>	Leptospirosis antibody ELISA <b>T304</b>	Mycoplasma Bovis ELISA <b>T308</b>	Neospora Antibody ELISA <b>T312</b>	Ostertagia antibody^ <b>⊤313</b>	PI3 antibody^ <b>T309</b>	Pregnancy Test ELISA T303	Salmonella antibody ELISA T315	Salmonella antigen H+O (serial dilution) <b>T900</b>	Schmallenberg antibody	.SV antibody ELISA^ <b>310</b>	Other:	
			BVD a	BVD v Animo ELISA	PCF	Fluke <b>T311</b>	IBR (un	IBR (va	Joh <b>T30</b>	Lер <b>Т3</b> С	™ 130	Ne( <b>T31</b>	0st <b>T31</b>	РІЗ ат <b>т309</b>	Pre <b>T30</b>	Salı T31	0, + F	Sch	RS/ <b>13</b> 1	<del>     </del>	
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8	Face 40 and water 1		Lautanal IB'	and the said																<u> </u>	
For >10 animals, please append a full list of all animal ID's to this submission form.																					
For Laboratory Use Only   JOB ID:								Comments :													
Date received:																					
Received by Initial:																					

Sample received in good condition: Yes

No