

**Data Consent Form Johnes blood / faecal test results**

A) I give permission to Animal Health Laboratories to transfer the following Johnes test results from my animals to the ICBF database.

<b>Laboratory test report no(s):</b>		<b>Name:</b>	
<b>Address:</b>		<b>Veterinary Practitioner:</b>	
<b>Date samples taken:</b>		<b>Herd No:</b>	

Signed \_\_\_\_\_

Date \_\_\_\_\_

B) I give permission to Animal Health Laboratories to **transfer past and future Johnes test results** from my animals to the ICBF database. I am aware that I have to notify Animal Health Laboratories should I wish to cease data transfer of results.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Laboratory Use Only**

<b>AHL FILE TRANSFER REFERENCE</b>	
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