Doc No: F035 Rev: 07 Date: 11/10/18 Issued by: LR Approved by: NW

## **Blood Testing Submission Form**

Veterinary Practice I	<b>Details</b>	Herd Owner Det	aiis			
Name:		Name:				
Address:		Address:				
Address		-				
		-				
Phone:		Herd Number:				
Email:		_				
Submitting Vet:		Phone:				
Signature:		Email:				
	Samı	ole Details				
Clotted	Number of San	nples:	Additional Comments:			
EDTA						
Lithium Heparin	Date of Sampling:					
	Blood	Chemistry				
Tube No	Cow ID	Tube No	Cow ID			
Test required						
Mineral Profile (Li-hep & Clot	ed vials required)	Metabolic Profile	Haematology 🔲			
Pool Samples (max 6 anin	nals) Yes 🗌	No 🔲				
Additional Comments/Rec	ıuests					
	See overleaf for a	additional tests				
For Laboratory Use Only		Co	mments:			
Job No:						
SO Number:						
Date received:  Received by:						
Sample received in good co	ndition: Yes	No 🗌				

Shinagh House, Bandon, Co. Cork. Phone: 023 88 54100 Fax: 023 88 54199



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		Elisa Tests							Other tests								
Animal Tag Number/ Sample ID	Tube Number	BVD antibody* <b>T302</b>	BVD Virus (antigen)* Animal > 75 days old T301	IBR gB* (un-vaccinated) <b>T305</b>	IBR gE* (vaccinated) <b>T306</b>	Johnes* please see submission form F119 on our website	Leptospirosis <b>T304</b>	Mycoplasma bovis <b>T308</b>	Neospora <b>T312</b>	Fluke <b>T311</b>	PI3 <b>T309</b>	Pregnancy Test <b>T303</b>	Salmonella <b>T315</b>	Schmallenberg <b>T314</b>	RSV <b>T310</b>	BVD Virus PCR* <b>T700</b> Animal < 75 days old	Salmonella H+O (serial dilution) <b>T900</b>

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		