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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | | |  |  |  |  | | |  | | |  |  |  | |  | | | **Sheep Scab Serology Request** | | | | | | | | | | | | | | WVSC Ref: | | | | | | WVSC USEONLY | | | | | | |
|  |  |  | | |  |  |  |  | | |  | | |  |  |  | |  | | |
|  |  |  | | |  |  |  |  | | |  | | |  |  |  | |  | | | Date received: | | | | | | | WVSC USEONLY | | | | | |
|  |  |  | | |  |  |  |  | | |  | | |  |  |  | |  | | |
| **FOR A SHEEP SCAB FLOCK SCREEN TEST, PLEASE COMPLETE ALL SECTIONS BELOW** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CLIENT’S NAME & ADDRESS** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **VETERINARY PRACTICE** | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | |
| **CPHH:** | | | | | Click or tap here to enter CPHH. | | | | | | | | | | | | | | | | | | | | | | **Email(s)\*:** | | | | | Click or tap here to enter text. | | | | | | | | | | | | |
| Address where animals kept, if different from above: | | | | | | | | | | | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | |
| **Clinician:** | | | | | Click or tap here to enter text. | | | | | | | | | | | | |
| **& Mobile No.** | | | | | Click or tap here to enter text. | | | | | | | | | | | | |
| **CPHH:** | | | | Click or tap here to enter CPHH. | | | | | | | | | | | | | | | | | | | | | | | \* The email address(es) given will be used to report results. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reason for testing** | | | | | | | | | | | | | Choose an item. | | | | | | | | | | | | | | | | | | **Other:** | | | Click or tap here to enter text. | | | | | | | | | | | | | |
| **For a flock sheep scab screen test, please take blood (plain/red-top) from 12 sheep per management group (and include those with wool loss or signs of scratching). Please provide as much additional information as possible.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Sheep scab diagnosed on the farm in the previous 2 years?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | | | | | | | | | | | | | |
| ***If yes, how was it diagnosed?*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Choose an item or type in other. | | | | | | | | | | | | | | | | |
| **Sheep scab suspected on the farm in the previous 2 years?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | | | | | | | | | | | | | | |
| **Last treatment against scab:** | | | | | | | | | | | | | | | | | | | | Enter date. | | | | | | | | **Product Used:** | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | |
| **Flock Type** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Hill** | | |  | | | | | | | **Upland** | | | | | | | | | | | |  | | | **Lowland** | | | | | | | |  | | | | | **Lamb Finisher** | | | | | | |  | | |
| **Total animals on farm** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Breeding Ewes** | | | | | | | | | xxx | | | | | | | | **Replacements** | | | | | | | | | xxx | | | **Rams** | | | xxx | | | **Lambs** | | | | | xxx | | | | **Other** | | xxx | |
| **Biosecurity (please mark all that apply on farm)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Incoming sheep protocols:** | | | | | | | | | | | |
| **Boundary is double fenced** | | | | | | | | | | | | | | | | | | |  | | | | **Use contractors for scanning** | | | | | | | | | | |  | | | **Incoming sheep isolated for 3 wks** | | | | | | | | | |  |
| **Neighbouring sheep break in/out** | | | | | | | | | | | | | | | | | | |  | | | | **Use contractors for shearing** | | | | | | | | | | |  | | | **Treated for scab on arrival** | | | | | | | | | |  |
| **Share facilities / equipment** | | | | | | | | | | | | | | | | | | |  | | | | **Use contractors for dipping** | | | | | | | | | | |  | | | **If yes, with what?** | | | | | | xxx | | | | |
| **Share stock trailers** | | | | | | | | | | | | | | | | | | |  | | | | **Keepers do work on other farms?** | | | | | | | | | | |  | | | **Blood tested for scab in isolation** | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of sampling:** | | | | | | | | | | | | Enter date. | | | | | | | | | | | | **Total number of tubes submitted:** | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | |

Please tick this box if samples cannot be used anonymously for research and/or test development

**Data Protection:** Any information given on this form regarding samples submitted for post-mortem examination may be shared with the APHA as part of the government surveillance network. For further information on how we handle personal data please read our privacy notice at [www.wvsc.wales](http://www.wvsc.wales)

| **GROUP NAME/REFERENCE:** | | Click or tap here to enter text. | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **TOTAL NUMBER IN GROUP**  ***(INCLUDING THOSE NOT SAMPLED):*** | | | xxx | **Sheep Scab suspected in the group?**  **(If yes, please be sure to sample suspects)** | | Yes/No/Unsure |
| **ANIMAL ID:** | | | **TUBE REFERENCE NUMBER:**  **or Blood Tube Barcode Sticker** | | **Sheep Scab Antibody ELISA**  **(*Psoroptes ovis)*** | **WVSC USE:** |
|  | Ear Tag | | Tube Number | | ☑ |  |
|  | Ear Tag | | Tube Number | | ☑ |  |
|  | Ear Tag | | Tube Number | | ☑ |  |
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|  | Ear Tag | | Tube Number | | ☑ |  |
|  | | | | | | |
| **COMMENTS (e.g. Has group been treated recently, if so with what. Which ones, if any, showed signs of scab?):**  Click or tap here to enter text. | | | | | | |

**Please click ‘+’ or reprint this page (and paginate) supplementary sheets for additional animals/groups**