

General Submission Form

WVSC Ref:	WVSC USE ONLY
Date received:	WVSC USE ONLY

PLEASE USE SPECIFIC SUBMISSION FORMS FOR SUBMITTING POSTMORTEM EXAMINATIONS & SHEEP SCAB

CLIENT'S NAME & ADDRESS

CPHH:	

Address where animals kept, if different from above:

CPHH:	

VETERINARY PRACTICE

Email(s)*:	
Clinician:	
& Mobile No.	

* The email address(es) given will be used to report results.

Species		Breed	
---------	--	-------	--

Date of sampling:		Total number of samples submitted:	
-------------------	--	------------------------------------	--

TESTS REQUIRED (see pricelist at www.wvsc.wales for test details and requirements)

RUMINANT SEROLOGY

BVD Testing	BVD Antibody ELISA (Bovine serum)	<input type="checkbox"/>
	BVD Antigen ELISA (Bovine serum)	<input type="checkbox"/>
	BVD Antigen ELISA (Ear Notch)	<input type="checkbox"/>
	BVDFree England Upload Required	<input type="checkbox"/>
Small Ruminant Flock Antibody Screening Tests	<i>T. gondii</i> (Toxo) Antibody ELISA	<input type="checkbox"/>
	<i>C. abortus</i> (EAE) Antibody ELISA	<input type="checkbox"/>
	Border Disease (BDV) Antibody ELISA	<input type="checkbox"/>
ZST Test (Estimate of Immunoglobulins) - Serum		<input type="checkbox"/>

FARM ANIMAL PARASITOLOGY & MICROSCOPY

Worm Egg & Coccidial Oocyst Count (Min 3g faeces)	<input type="checkbox"/>
Camelid Worm Egg & Coccidial Oocyst Count (Min 6g faeces)	<input type="checkbox"/>
Composite Worm Egg Count (10 individuals) (10 x 3g (minimum) individual faecal samples from a single group)	<input type="checkbox"/>
Fluke Egg Examination (Individual) (Minimum of 40g of faeces)	<input type="checkbox"/>
Composite Fluke Egg Examination (10 individuals) (10 x 5g (minimum) individual faecal samples from a single group)	<input type="checkbox"/>
Individual W.E.C. & Fluke Egg Examination (Min 43g Faeces)	<input type="checkbox"/>
Ectoparasites in Wool/Hair Scrapings	<input type="checkbox"/>
Lungworm Larvae Examination (Min 10g FRESH Faeces)	<input type="checkbox"/>
Smear - Please specify in comments	<input type="checkbox"/>

COMMENTS

--

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

GROUP NAME/REFERENCE:			
ANIMAL EAR TAG / ID:		SAMPLE / TUBE REFERENCE NUMBER: <i>or Barcode Sticker</i>	COMMENTS: <i>e.g. please indicate which test(s) are required for animal and/or sample</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

Please reprint this page (and paginate) supplementary sheets for additional animals/groups