

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 & A | DDRESS | | V | ETERINARY P | RACTICE | <u> </u> | | |
|----------------------------------------------------------|--------------------------|---------------------|------------------------------|--------------------------------------|---------------|------------------|---------------|------------|
| | | | | | | | | |
| СРНН: | | | | | | | | |
| Address where anim | als kept, if differ | ent from above: | | Email(s)*: | | | | |
| | | | | Clinician: | | | | |
| | | | | & Mobile No. | | | | |
| СРНН: | | | | * The email | address(e | s) given will be | used to repor | t results. |
| | | | | | | | | |
| Reason for testing | | | | | | | | |
| For a flock sheep so include those with | | - | - | • - | - | | _ | • |
| Sheep scab diagno | sed on the farm | in the previous 2 y | /ears? | | | | | |
| | If yes, | how was it diagn | osed? | | | | | |
| Sheep scab suspec | ted on the farm | in the previous 2 y | /ears? | | | | | |
| Last treatment against scab: | | Pr | oduct Used: | | | | | |
| Flock Type | | | | | | | | |
| Hill 🗆 | Upland | | Lowland \square | | Lamb Finisher | | | |
| Total animals on far | m | | | | | | | |
| Breeding Ewes | Replace | ements | Rams | i | Lambs | | Other | |
| Biosecurity (please mark all that apply on farm) | | | | | Incomi | ng sheep pro | tocols: | |
| Boundary is dou | ble fenced | Use contrac | Use contractors for scanning | | | ing sheep isola | ted for 3 wks | |
| Neighbouring sheep break in/out Use contract | | | tors for | shearing Treated for scab on arrival | | | | |
| Share facilities / equipment Use contra | | | ctors for | r dipping | | | | |
| Share stock trailers | | | on othe | her farms? | | | | |
| | | | | | | | | |
| Date of sampling: Total nu | | | | of tubes subm | nitted: | | | |
| DATA PROTECTION: Any informagovernment surveillance netv | ation given on this form | | itted for p | ost-mortem exami | nation may | be shared with t | - | t of the |

| JP D): | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| TUBE R | | Sheep Scab Antibody ELISA (Psoroptes ovis) | WVSC USE: | | | | | |
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| COMMENTS (e.g. Has group been treated recently, if so with what. Which ones, if any, showed signs of scab?): | | | | | | | | |
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| | D): TUBE R or Blood | TUBE REFERENCE NUMBER: or Blood Tube Barcode Sticker | TUBE REFERENCE NUMBER: or Blood Tube Barcode Sticker TUBE REFERENCE NUMBER: or Blood Tube Barcode Sticker | | | | | |

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