General Submission Form for APHA Weybridge

<table>
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<tr>
<th>Submitting Veterinary Practice</th>
<th>Client’s Name</th>
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Postcode: E-mail address:

Reports will be e-mailed unless an alternative method is selected. There will be a charge of £10 for posted reports.

Select preferred alternative, if required: Fax OR Post

Fax number:

Third party invoicing will only be permitted on receipt of signed letter of confirmation from third party.

Name/e-mail address if extra copies of reports are required:

**REASON FOR TESTING** (tick as appropriate)

- Export
- Other
- AI
- Post Import
- Routine Diagnostic
- FAST TRACK: This service is by prior arrangement ONLY and will incur an additional charge of £50 per sample/per test (TC0822) – please contact 01932 357335.

**RUMINANT**

- Brucella c.ELISA
- Brucellosa RBT
- Brucella CFT
- Brucella SAT
- Brucella ovis CFT

**PORCINE**

- Aujeszky’s ELISA
- Babesia gibsoni IFAT
- Babesia gibsoni PCR
- Blood smear – exam. for parasites
- Brucella canis RSA
- Brucella canis SAT
- Brucella canis RBT
- Lepto bratislava MAT
- Lepto icterohaem’ MAT
- Lepto hardjo bovis MAT
- Maedi visna AGIDT

**CANINE/FELINE**

- Babesia gibsoni IFAT
- Babesia gibsoni PCR
- Blood smear – exam. for parasites
- Brucella canis RSA
- Brucella canis SAT
- Brucella canis RBT
- Lepto bratislava MAT
- Lepto icterohaem’ MAT
- Lepto hardjo bovis MAT
- Maedi visna AGIDT

**EQUINE**

- Dourine CFT
- EIA AGIDT (Coggins)
- EVA SNT (see below)
- Give date of vaccination:
- EVA
- EHV
- Glanders CFT
- Salmonella abortus equi SAT
- Salmonella enteridis ELISA
- Salmonella enteridis SAT... Salmonella pullorum/gallinarum SAT

**AVIAN**

- Avian Influenza HAIT
- Erysipelas SAT
- EVA SNT (see below)
- Give date of vaccination:
- EVA
- EHV
- Glanders CFT
- Salmonella abortus equi SAT
- Salmonella enteridis ELISA
- Salmonella enteridis SAT... Salmonella pullorum/gallinarum SAT

The above list is NOT comprehensive, please refer to the APHA website for details of other tests and current price list.

If test required is not listed above please give details including TC code here

‡ = Test sub-contracted
† = Not UKAS accredited
If more space is needed please attach a second form and complete only the client’s name, practice name and sampling date on one side.

**Data Protection Act 1998:** In addition to reporting the results back to the people named on this form, we may also use the data provided and the results produced for other purposes. Please see the data protection statement in our Price List or on our website [www.gov.uk/apha](http://www.gov.uk/apha).

Please tick the box if samples **cannot** be used for anonymous surveillance or test validation purposes  ....................... □

I have taken these samples from the animals described above.

Signature: __________________________ MRCVS  Signature is mandatory for AI tests

Date: ____________

Testing is subject to the APHA general terms and conditions which are available from your Regional Laboratory, or from APHA Weybridge.

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<tr>
<th>OFFICIAL ANIMAL ID (Eartag or microchip)</th>
<th>SAMPLE ID (Animal name or tube number)</th>
<th>SEX</th>
<th>AGE</th>
<th>SAMPLE TYPE</th>
<th>APHA USE ONLY Sample Ref. No.</th>
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