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Bluetongue Export / Pre-movement testing: Sample submission

Address of Veterinary Surgeon

Name:.....
Address:.....
.....
County:.....
Country:.....
Tel. number:.....
Fax number:.....
E-mail address:.....

Owner of the animal(s):

Name:.....
Address:.....
.....
County:.....
Country:.....
CPH Number :.....
Tel. number:.....
Fax number:.....
E-mail address:.....

Samples tested for: Bluetongue (BT) by Real time PCR (Please tick the relevant box)

Samples to be submitted: 1 x EDTA blood sample/animal (Purple top tube)

Samples tested for: Bluetongue (BT) by ELISA

Samples to be submitted: 1 x serum sample/animal (Red top tube)

Reason for sampling: Export **Pre-movement testing**

Date of movement

Details of Submitting Veterinary Surgeon

Name in BLOCK LETTERS

Signature of Veterinary Surgeon Date:

