



INSTITUTE FOR ANIMAL HEALTH

Pirbright Laboratory, Ash Road,
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SEROLOGICAL TESTING OF ANIMALS

Laboratory receipt stamp

Enter Address for Return of Results

Country of Destination

Date of Export

Date of Sampling

REBLEED: Yes

No

TEST: ELISA

VNT

Please tick appropriate boxes

Name and address of owner of the animals

Cattle

Foot & Mouth (FMD)

Vesicular Stomatitis (VS)

Horse

African Horse Sickness (AHS)

Swine Vesicular Disease

Pigs

Other

Sheep

Please Specify:

Signature of Veterinary Surgeon

Date:

Name in BLOCK LETTERS	Tele No:	Fax No:
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Tube No	DETAILS OF ANIMALS (Sheep, Cattle, Pigs - species and Ear Tag No.)	For Completion by IAH							Results
		Test							
		1							
		2							
		3							
		4							
		5							
		6							
		7							
		8							
		9							
		10							
		11							

For Office Use Only - Costs to be Invoiced

OFFICIAL STAMP

	Test by		@	/test =		
	Test by		@	/test =		
	Test by		@	/test =		
	Test by		@	/test =		
	Test by		@	/test =		
TOTAL - EXCLUSIVE OF VAT					£	
						Signed:
						Date:

