|  |  |
| --- | --- |
| **Name of Veterinary Surgeon:**  | **Name of Owner:** |
| Name of Clinic: | Address: |
| Address: |  |
| Email address: | Herd Number: |
| Number of Samples Submitted:  | Date of Sampling: |

|  |
| --- |
| **Johnes Upload to ICBF – Consent Details**  |
| Is the herd owner part of the Animal Health Ireland Johnes Control Program? Yes No***Please Note:*** *If the samples are for the Johnes Control Program Ancillary Testing please complete and attach the Animal Health Ireland Ancillary Testing Form also.*  |
| If YES are the results to be uploaded to the ICBF? Yes No  |
| If NO does the herd owner give consent for his/her results (and any future Johnes results) to be uploaded to ICBF?  Yes No***Please Note:*** *AHL is obliged by* *S.I. No. 130 of 2016 to upload all positive samples to the ICBF.*  *Any requested retrospective uploading of results will incur an administration charge of* ***€25.00 plus Vat.*** |
| **Vet Signature:** |

|  |
| --- |
| **Sample Type/Test** (please circle)**:** Blood (Elisa) Milk (Elisa) Faeces (PCR) |
|  | **Tag ID Number (It is the responsibility of the Veterinary practice to ensure that all Animal ID numbers submitted are correct)** | **Tube Number**  |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |

For >10 animals, please append a full list of all animal ID’s to this submission form