



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 <input type="checkbox"/> No <input type="checkbox"/>
<i>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.</i>
If YES are the results to be uploaded to the ICBF? Yes <input type="checkbox"/> No <input type="checkbox"/>
If NO does the herd owner give consent for his/her results (and any future Johnes results) to be uploaded to ICBF? Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>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.</i>
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

For Laboratory Use Only	Comments:
Job ID:	
Sample received in good condition: Yes <input type="checkbox"/> No <input type="checkbox"/>	

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