Doc No: F122 Rev: 01 Date:27.04.23 Issued by: MOL Approved by: NW

Faecal Testing Submission Form

Veterinary Practice Details			Herd Owner Details						
Name:			Name	::					
Name:Address:			Addross:						
Phone:		Herd Number:							
Submitting Vet:			Phone:						
Signature:	Signature:			Email:					
	S	Sample D	etails	3					
Bovine Ovir	ne 🗍		Number of Samples:						
Equine Oth	er								
Do you want AHL to pool sar	mples for testing ———	3:	Yes			No 🗌			
		Parasitology				Other Tests			
Animal Tag Number/ Sample ID	Tube Number	Adult Scour Package (Liver/Rumen Fluke, Worms &	Worms & Coccidia	Fluke (Liver & Rumen)	Lungworm	Calf Scour Profile (E. coli, Rota, Corona, Crypto) For calf up to approx. 6 weeks old	Salmonella Culture	Johnes Faecal PCR* For IJCP ancillary testing please use AHI ancillary test form	
For >5 animals, please append *Tests for which AHL is ISO17		nimal ID's to	this subm	nission fo	orm				
For Laboratory Use Only					(Comments:			
Job No:									
SO Number:									
Date received:									
Received by:	_								
Sample received in good cond	lition: Yes	No							