

| Veterinary Practice Details   |           | Herd Owner Details    |           |
|---|-----------|-----------------------|-----------|
| Name  |           | Name:                 |           |
| Address:  |           | Address:              |           |
| Phone:  |           | Phone:                |           |
| Email:  |           | Email:                |           |
| Submitting Vet :  |           | <b>Herd Number</b>    |           |
| Signature:  |           |                       |           |
| Sample Details: Bovine  |           |                       |           |
| <b>Date of Sampling:</b>  |           | <b>No. Of Samples</b> |           |
| Sample Type: Serum  |           |                       |           |
| ELISA   |           |                       |           |
| IBRgE (BHV-1) T306  |           |                       |           |
|   |           |                       |           |
|   |           |                       |           |
| Animal ID   | Tube Code | Animal ID             | Tube Code |
| 1   |           | 11                    |           |
| 2   |           | 12                    |           |
| 3   |           | 13                    |           |
| 4   |           | 14                    |           |
| 5   |           | 15                    |           |
| 6   |           | 16                    |           |
| 7   |           | 17                    |           |
| 8   |           | 18                    |           |
| 9   |           | 19                    |           |
| 10  |           | 20                    |           |
| <b>NB: Please ensure all details above are correct and form has been <u>signed by your vet</u>.</b>   |           |                       |           |
| <b>– failure to provide all of the above details may impact data required for DAFM which may in turn impact your compliance / payments.</b> |           |                       |           |
| <u>See overleaf for guidelines on sampling</u>  |           |                       |           |
| Job Number:   |           |                       |           |
| SO Number:  |           |                       |           |
| <b>Date Received:</b>   |           |                       |           |
| Received in good Condition    Yes    No   |           |                       |           |

1. Samples must be taken by your Veterinary Surgeon

A maximum of 20 blood samples must be taken from animals, regardless of age

- a. Herdowners with 20 or more animals must take 20 blood samples
- b. Herdowners with less than 20 animals should take blood samples from all of their animals.
- c. Place the filled blood vials and submission form back into the sampling kit and affix the supplied address label onto the box
- d. Send the sampling kit back to Animal Health Laboratories through An Post or via your Veterinary Surgeon. Alternatively they can be dropped back directly to the lab.
- e. Post samples with this form on the day of sampling, or the following day at the latest. If samples are collected at the weekend store them in a cool place preferably in a fridge not used for domestic purposes. (DO NOT FREEZE OR PLACE IN DIRECT SUNLIGHT).
- f. Kits should be sent on the day of sampling, or the following day. If samples are collected at the weekend store them in a cool place preferably in a fridge not used for domestic purposes. (DO NOT FREEZE OR PLACE IN DIRECT SUNLIGHT).
- g. Results will be reported to the email address which you have provided overleaf. Animal Health Laboratories will also report your results and information provided overleaf to DAFM.
- h. Payment to be received by Animal Health Laboratories prior to sample testing.

[Please scan here for the terms and conditions](#)



1. 100%

2. 100%

3. 100%

4. 100%

5. 100%