



General Submission Form for APHA Weybridge

Submitting Veterinary Practice

Postcode: _____

E-mail address: _____

Reports will be e-mailed unless an alternative method is selected. There will be a charge of £10 for posted reports.

Select preferred alternative, if required: Fax OR Post

Fax number: _____

Third party invoicing will only be permitted on receipt of signed letter of confirmation from third party.

Name/e-mail address if **extra copies** of reports are required: _____

Client's Name

Address where animals are kept

Postcode: _____

CPHH: _____

Previous ref. or senders ref. (if applicable) _____

SPECIES: _____ **BREED:** _____

SAMPLE TYPE: _____

DATE SAMPLE TAKEN: _____

Do you suspect the presence of a zoonotic/SAPO organism in these samples? YES NO
If yes, give details in notes overleaf.

Were animals resident in the UK at the time of sampling? YES NO

REASON FOR TESTING (tick as appropriate)

Export Destination _____ Shipment Date _____

Other Please specify _____

AI Non statutory tests only. For bovine/porcine statutory tests please use APHA submission form LTW009.

Post Import Post Import testing should be submitted on forms specified in Inset 55A.

Routine Diagnostic Routine diagnostic submissions should be sent to the local Regional Laboratory using submission form VLA2 or VLA3.

FAST TRACK: This service is by prior arrangement ONLY and will incur an additional charge of £50 per sample/per test (TC0822) – please contact 01932 357335.

RUMINANT	PORCINE	CANINE/FELINE	EQUINE	AVIAN
Brucella c.ELISA..... <input type="checkbox"/>	Aujeszky's ELISA..... <input type="checkbox"/>	Babesia gibsoni IFAT [‡] <input type="checkbox"/>	Dourine CFT..... <input type="checkbox"/>	Avian Influenza HAIT..... <input type="checkbox"/>
Brucella RBT..... <input type="checkbox"/>	Brucella c.ELISA..... <input type="checkbox"/>	Babesia gibsoni PCR [‡] <input type="checkbox"/>	EIA AGIDT (Coggins) ... <input type="checkbox"/>	Erysipelas SAT..... <input type="checkbox"/>
Brucella CFT..... <input type="checkbox"/>	Brucella RBT..... <input type="checkbox"/>	Blood smear – exam. for parasites..... <input type="checkbox"/>	EVA SNT (see below)... <input type="checkbox"/>	Mareks IFAT..... <input type="checkbox"/>
Brucella SAT..... <input type="checkbox"/>	Brucella CFT..... <input type="checkbox"/>	Brucella canis RSA..... <input type="checkbox"/>	Give date of vaccination: _____	Mycoplasma gallisepticum RSA..... <input type="checkbox"/>
Brucella ovis CFT..... <input type="checkbox"/>	Brucella SAT..... <input type="checkbox"/>	Brucella canis SAT..... <input type="checkbox"/>	EVA _____	Mycoplasma meleagridis RSA..... <input type="checkbox"/>
BVD Ab ELISA [†] <input type="checkbox"/>	Erysipelas SAT..... <input type="checkbox"/>	Ehrlichia canis IFAT..... <input type="checkbox"/>	EHV _____	Mycoplasma synoviae RSA..... <input type="checkbox"/>
BVD Ag ELISA [†] <input type="checkbox"/>	Lepto bratislava MAT..... <input type="checkbox"/>	Heartworm Ag ELISA..... <input type="checkbox"/>	Glanders CFT..... <input type="checkbox"/>	Salmonella enteridis ELISA..... <input type="checkbox"/>
BVD IPX VI (Blood)..... <input type="checkbox"/>	PRRS ELISA..... <input type="checkbox"/>	Heartworm microfilaria concentration test..... <input type="checkbox"/>	Salmonella abortus equi SAT..... <input type="checkbox"/>	Salmonella enteridis..... <input type="checkbox"/>
EBL AGIDT..... <input type="checkbox"/>	PRRS IPMA (Euro)..... <input type="checkbox"/>	Hookworm faecal exam..... <input type="checkbox"/>	Piroplasmosis CFT..... <input type="checkbox"/>	SAT.. Salmonella gallinarum RSA..... <input type="checkbox"/>
EBL ELISA..... <input type="checkbox"/>	Swine Fever ELISA..... <input type="checkbox"/>	Leishmania IFAT [†] <input type="checkbox"/>	Piroplasmosis IFAT..... <input type="checkbox"/>	Salmonella pullorum/gallinarum SAT..... <input type="checkbox"/>
IBR i.ELISA [†] <input type="checkbox"/>	Swine Flu HAIT..... <input type="checkbox"/>	Lepto canicola MAT..... <input type="checkbox"/>	Piroplasmosis ELISA.... <input type="checkbox"/>	
IBR c.ELISA..... <input type="checkbox"/>	Swine Flu H1N1 PCR..... <input type="checkbox"/>	Lepto icterohaem' MAT..... <input type="checkbox"/>		
Johnes AGIDT [†] <input type="checkbox"/>	H1N1 PCR single..... <input type="checkbox"/>	Trypanosoma evansi CATT [‡] <input type="checkbox"/>		
Johnes ELISA..... <input type="checkbox"/>	H1N1 PCR pool..... <input type="checkbox"/>	Trypanosoma giemsa smear [‡] <input type="checkbox"/>		
Lepto hardjo bovis MAT..... <input type="checkbox"/>	TGE ELISA (diff.)..... <input type="checkbox"/>			
Maedi visna AGIDT..... <input type="checkbox"/>	TGE SNT..... <input type="checkbox"/>			

For rabies testing use dedicated submission form

[‡] = Test sub-contracted
[†] = Not UKAS accredited

The above list is NOT comprehensive, please refer to the APHA website for details of other tests and current price list.

If test required is not listed above please give details including TC code here



Vaccination history/notes

OFFICIAL ANIMAL ID <i>(Eartag or microchip)</i>	SAMPLE ID <i>Animal name or tube number</i>	SEX	AGE	SAMPLE TYPE	APHA USE ONLY <i>Sample Ref. No.</i>

If more space is needed please attach a second form and complete only the client's name, practice name and sampling date on one side.

Data Protection Act 1998: In addition to reporting the results back to the people named on this form, we may also use the data provided and the results produced for other purposes. Please see the data protection statement in our Price List or on our website www.gov.uk/apha.

Please tick the box if samples **cannot** be used for anonymous surveillance or test validation purposes

I have taken these samples from the animals described above.

Signature MRCVS Signature is mandatory for AI tests
 Date

Testing is subject to the APHA general terms and conditions which are available from your Regional Laboratory, or from APHA Weybridge.