



BVDV Testing Submission Sheet

Return to: Lot 83 Sheldon Road, Esperance WA 6450
 Phone: 08 9071 5777 Fax: 08 9071 5057 Email: lab@swansvet.com

Number of Samples:

Ear Notches	Blood	Tego	Bulk Milk

Test Requested: Antigen (PI) Antibody

Collection Date: _____ Certificate required for show/sale? Yes

Veterinary Clinic:	Client:
Veterinarian:	Client Address:
Address:	
	Client Phone Number:
Vet Phone Number:	Client Fax Number:
Vet Fax Number:	Client Email:
Vet Email:	Has your Vet been contacted?* Yes <input type="checkbox"/> No <input type="checkbox"/>
Send Results To: Clinic Email <input type="checkbox"/> Client Email <input type="checkbox"/>	Send Invoice To: Clinic Email <input type="checkbox"/> Client Email <input type="checkbox"/>
Clinic Fax <input type="checkbox"/> Client Fax <input type="checkbox"/>	Clinic Fax <input type="checkbox"/> Client Fax <input type="checkbox"/>

*** Please ensure your nominated Vet is aware you are sending samples and they will be invoiced*

Are these registered cattle? Yes No If yes, which Breed Society do you belong to? _____

Additional Information: _____

Sample #	Animal ID	Comments	Sample #	Animal ID	Comments	Sample #	Animal ID	Comments	Sample #	Animal ID	Comments
1			26			51			76		
2			27			52			77		
3			28			53			78		
4			29			54			79		
5			30			55			80		
6			31			56			81		
7			32			57			82		
8			33			58			83		
9			34			59			84		
10			35			60			85		
11			36			61			86		
12			37			62			87		
13			38			63			88		
14			39			64			89		
15			40			65			90		
16			41			66			91		
17			42			67			92		
18			43			68			93		
19			44			69			94		
20			45			70			95		
21			46			71			96		
22			47			72			97		
23			48			73			98		
24			49			74			99		
25			50			75			100		

Lab use only:	Received: _____	Invoice: _____	Reported: _____
	Milk ID: _____	Comments: _____	