



BVD Annual Antigen Test Submission Form

Date received

Lab internal ref

Keeper

Keeper's name

Keeper's Address

Postcode:

CPH:

Herd mark:

Keeper's email*

Mobile number*

Address where animal is kept if different from above

Postcode:

CPH:

Veterinary practice

Practice Address

Post code:

Practice email*

Practice phone number

Clinician

Clinician email

Clinician mobile

The default test will be ELISA unless specified here: PCR individual PCR Pooling

BVD test stage

(select only one test)

PI hunt

Part ___ of ___ parts

PI hunt re-test

Movement testing

Pre-movement test

Pre-movement re-test

Post movement test

Post movement re-test

Newborn calf

Newborn calf test

Newborn calf re-test

Aborted/Still birth test

Total number of samples submitted

*The email addresses and mobile number given will be used to report BVD status results

**By signing this form on behalf of your organisation you are agreeing to Welsh Government's Terms and Conditions:

- Welsh Bovine Viral Diarrhoea Eradication Scheme Guidance: <https://www.gov.wales/welsh-bovine-viral-diarrhoea-eradication-scheme-guidance>

Keeper's signature**

Vet's signature**



Group name reference

No.	Animal ID	DOB	Sample date	Reference number, management tag, or blood barcode sticker
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Comments