



**Sample Submission -
 Surveillance**

Case Reference No.
**Add your Ref or leave
 blank**

Job Request Form (JRF) No.
Leave blank

Disease Investigated **Bluetongue – High-Risk County – Free Testing**

Surveillance

Please complete legibly and accurately

Part 1 - Owner Details

Name

Address
 Postcode:

Telephone No.

Address of sampling location
(if different from above)
 Postcode:

CPH No. at sampling location

GPS map ref. of premises location **Grid ref**

For lab use only

Part 2 - Reason for Sampling (tick one)

| | | | | | | | |
|--|--------------------------------|--------------------------------|---|--|--|-------------------------------------|---|
| Pre-Licence <input type="checkbox"/> | PZ <input type="checkbox"/> | SZ <input type="checkbox"/> | TCZ <input type="checkbox"/> | Epidemiology <input type="checkbox"/> | Restocking <input type="checkbox"/> | Tracing <input type="checkbox"/> | Vaccination <input type="checkbox"/> |
| Post-Licence <input type="checkbox"/> | CZ <input type="checkbox"/> | RZ <input type="checkbox"/> | Other(specify) Free testing in high-risk counties – PCR only. Animals to be moved from address above to XXXXXX (farm name, village, town, county, post code) | | | | |

Part 3 - Details of submitting Veterinarian or Technical Officer (must match submission label on outer package)

Date of collection of samples APHA office/FOB **Leave blank**

Signature of submitting Vet/Technical Officer Name in BLOCK LETTERS

Contact Telephone No. Name of Authorising Veterinarian (if required)

De-brief Details - To be completed by De-brief Team in APHA/FOB

Date of Debrief **Leave blank** Name of Debrief Team in BLOCK LETTERS **Leave blank**

Number of boxes submitted JRF No. **Leave blank**

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