



General Submission Form for APHA Weybridge

Submitting Veterinary Practice

Postcode : _____

Email address: _____

Reports will be emailed unless an alternative method is selected.
There will be an additional charge for posted reports. Post:

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

Name/email address if extra copies are required _____

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

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

Were animals resident in the UK at the time of sampling? Yes No

REASON FOR TESTING: (tick as appropriate)

Export: Destination: _____ Shipment Date: _____

AI: Non-statutory tests only. For bovine/porcine statutory tests please use APHA submission form LSW009.

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.

Other: Please specify: _____

FAST TRACK: This service is by **PRIOR ARRANGEMENT ONLY** and will incur an additional charge per sample/per test (TC0822) - Please contact 0208 415 2280.

| RUMINANT | PORCINE | CANINE / FELINE | EQUINE | AVIAN |
|---|--|--|--|---|
| Border Disease 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"/> |
| Border Disease PCR <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 c.ELISA <input type="checkbox"/> | Brucella CFT <input type="checkbox"/> | Babesia canis IFAT <input type="checkbox"/> | Equine Influenza PCR ... <input type="checkbox"/> | Mycoplasma: |
| 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"/> | gallisepticum RSA <input type="checkbox"/> |
| Brucella RBT <input type="checkbox"/> | Brucella SAT <input type="checkbox"/> | Brucella canis RSA <input type="checkbox"/> | Give date of vaccination: | meleagridis RSA <input type="checkbox"/> |
| Brucella SAT <input type="checkbox"/> | Erysipelas SAT <input type="checkbox"/> | Brucella canis SAT <input type="checkbox"/> | EVA <input type="text"/> | synoviae RSA <input type="checkbox"/> |
| Brucella ovis CFT <input type="checkbox"/> | Lepto bratislava MAT.. <input type="checkbox"/> | Ehrlichia canis IFAT <input type="checkbox"/> | EHV <input type="text"/> | Salmonella: |
| BVD Ab ELISA <input type="checkbox"/> | Mycoplasma hyopneumoniae ELISA <input type="checkbox"/> | Heartworm Ag ELISA <input type="checkbox"/> | Glanders CFT <input type="checkbox"/> | enteriditis ELISA..... <input type="checkbox"/> |
| BVD Ag ELISA <input type="checkbox"/> | PRRS ELISA <input type="checkbox"/> | Heartworm microfilaria concentration test <input type="checkbox"/> | Piroplasmosis CFT <input type="checkbox"/> | enteriditis SAT..... <input type="checkbox"/> |
| EBL AGIDT <input type="checkbox"/> | PRRS IPMA (Euro) ... <input type="checkbox"/> | Hookworm faecal exam <input type="checkbox"/> | Piroplasmosis ELISA <input type="checkbox"/> | pullorum/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"/> | pullorum/gallinarum SAT <input type="checkbox"/> |
| IBR c.ELISA <input type="checkbox"/> | Swine Flu HAIT <input type="checkbox"/> | Lepto canicola MAT <input type="checkbox"/> | Piroplasmosis smear..... <input type="checkbox"/> | |
| IBR i.ELISA <input type="checkbox"/> | Swine Flu H1N1 PCR H1N1 PCR single <input type="checkbox"/> | Lepto icterohaem. MAT <input type="checkbox"/> | Salmonella abortus equi SAT <input type="checkbox"/> | |
| Johnes ELISA <input type="checkbox"/> | H1N1 PCR pool <input type="checkbox"/> | Trypanosoma evansi CATT ‡ .. <input type="checkbox"/> | | |
| Lepto ELISA <input type="checkbox"/> | TGE ELISA (diff.) <input type="checkbox"/> | Trypanosoma giemsa smear ‡ .. <input type="checkbox"/> | | |
| Lepto hardjo bovis MAT.. <input type="checkbox"/> | TGE SNT <input type="checkbox"/> | Worm Egg and/or Coccidial oocyst count <input type="checkbox"/> | | |
| Maedi visna AGIDT <input type="checkbox"/> | | | | |
| Neospora ELISA <input type="checkbox"/> | | | | |

For rabies testing use dedicated submission form: VLARAB1

‡ = Test Subcontracted

The above 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> |
|--|--|-----|-----|-------------|---|
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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

For information on how we handle personal data please go to www.gov.uk and search Animal and Plant Health Agency Personal Information Charter.

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

Name in BLOCK letters:

Date:

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