



**AI Submission Form for APHA Weybridge**

Veterinary Practice/Sender

Postcode:

Email address:

Name/email address if extra copies of reports are required:

Sender's reference:

Local APHA office:

Non-Statutory Contract No. (if applicable)

SMS Auto:

Owners Name:

Owners CPH:

Address where animals are kept:

Postcode:

CPHH:

Species:

Breed:

Date sample taken:

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

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

Bovine	
Statutory (IT6070)	Non-Statutory
<b>First Series Tests</b>	
Dom/ EU Unlicensed	
Brucella i.ELISA <input type="checkbox"/> <input type="checkbox"/>	Brucella i.ELISA <input type="checkbox"/>
(followed by CFT if +ve)	Brucella CFT <input type="checkbox"/>
EBL ELISA <input type="checkbox"/> <input type="checkbox"/>	Brucella SAT <input type="checkbox"/>
BVD Ab ELISA <input type="checkbox"/> <input type="checkbox"/>	BVD Ab ELISA <input type="checkbox"/>
BVD Ag ELISA <input type="checkbox"/> <input type="checkbox"/>	BVD Ag ELISA <input type="checkbox"/>
IBR c.ELISA <input type="checkbox"/> <input type="checkbox"/>	BVD SNT <input type="checkbox"/>
	EBL ELISA <input type="checkbox"/>
<b>Second Series Tests</b>	
EU	
Brucella i.ELISA <input type="checkbox"/> <input type="checkbox"/>	IBR c.ELISA <input type="checkbox"/>
(followed by CFT if +ve)	IBR i.ELISA † <input type="checkbox"/>
BVD Ab ELISA <input type="checkbox"/> <input type="checkbox"/>	IBR gE ELISA † <input type="checkbox"/>
BVD Ag ELISA <input type="checkbox"/> <input type="checkbox"/>	IBR VI (semen) <input type="checkbox"/>
IBR c.ELISA <input type="checkbox"/> <input type="checkbox"/>	Johne's ELISA <input type="checkbox"/>
	Lepto hardjo bovis <input type="checkbox"/>
	Lepto pools 1-6 <input type="checkbox"/>
	Liver Fluke ELISA <input type="checkbox"/>
<b>Statutory (Chargeable)</b>	
<b>Routine</b>	
Dom EU	
Brucella i.ELISA <input type="checkbox"/> <input type="checkbox"/>	Mycoplasma bovis ELISA <input type="checkbox"/>
(followed by CFT if +ve)	Q Fever ELISA † <input type="checkbox"/>
EBL ELISA <input type="checkbox"/> <input type="checkbox"/>	Schmallenberg ELISA † <input type="checkbox"/>
BVD Ab ELISA <input type="checkbox"/> <input type="checkbox"/>	Schmallenberg PCR † <input type="checkbox"/>
BVD Ag ELISA <input type="checkbox"/> <input type="checkbox"/>	Schmallenberg VNT † <input type="checkbox"/>
IBR c.ELISA <input type="checkbox"/> <input type="checkbox"/>	

Porcine	
Statutory (IT6070)	Non-Statutory
<b>First Series Tests</b>	
Dom EU	
Aujeszky's ELISA <input type="checkbox"/> <input type="checkbox"/>	Actino.pleuro 3,6,8 <input type="checkbox"/>
Brucella RBT <input type="checkbox"/> <input type="checkbox"/>	Aujeszky's SNT † <input type="checkbox"/>
CSF ELISA <input type="checkbox"/> <input type="checkbox"/>	Brucella c.ELISA <input type="checkbox"/>
	Brucella SAT <input type="checkbox"/>
	CSF ELISA <input type="checkbox"/>
	Erysipelas SAT <input type="checkbox"/>
	Haem.parasuis CFT <input type="checkbox"/>
<b>Second Series Tests</b>	
Dom EU	
Aujeszky's ELISA <input type="checkbox"/> <input type="checkbox"/>	Lepto brat. MAT <input type="checkbox"/>
Brucella RBT <input type="checkbox"/> <input type="checkbox"/>	Lepto pool 3 <input type="checkbox"/>
	M.hypopneumoniae ELISA <input type="checkbox"/>
	PED Ab ELISA <input type="checkbox"/>
	PPV Ab ELISA † <input type="checkbox"/>
	PRRS ELISA <input type="checkbox"/>
	PRRS IPMA (Euro) <input type="checkbox"/>
	PRRS IPMA (US) <input type="checkbox"/>
<b>Routine</b>	
Dom EU	
Aujeszky's ELISA <input type="checkbox"/> <input type="checkbox"/>	Swine Flu HAIT <input type="checkbox"/>
Brucella RBT <input type="checkbox"/> <input type="checkbox"/>	TGE/PRCV ELISA <input type="checkbox"/>
CSF ELISA <input type="checkbox"/> <input type="checkbox"/>	TGE SNT <input type="checkbox"/>

† = Not UKAS accredited

Only for first/second Series: If BVD Ab ELISA I/C sender accepts charges for confirmatory non-statutory SNT to be performed. Results must be copied to Carlisle office. Please tick to confirm agreement

If paired testing is required, enter 'P' in relevant test tick box and enter LS submission/sample details from first of pair tests.

LT Sub. Ref	LT Sample Ref	Animal ID



Vaccination history/notes

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Official Animal ID (ear tag or microchip)	Sample ID Animal name or tube number	Sex	Age	Sample type	APHA Use Only Sample Ref. No.

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

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

**I have taken these samples from the animals described above.**

Testing is subject to the APHA general terms and conditions which are available on our website [www.gov.uk/apha](http://www.gov.uk/apha)

Signature

Name in  
BLOCK  
LETTERS

Date

**DATA PROTECTION**

For information on how we handle personal data please go to [www.gov.uk](http://www.gov.uk) and search Animal and Plant Health Agency Personal Information Charter.

APHA is an Executive Agency of the Department for Environment, Food and Rural Affairs and also works on behalf of the Scottish Government, Welsh Government and Food Standards Agency to safeguard animal and plant health for the benefit of people, the environment and the economy.