



## Certificate: Non-existence of Anthrax

The completed document should immediately be sent to APHA by email as follows:

- in England, to One Health Customer Service Centre on [CSCOneHealthAlerts@apha.gov.uk](mailto:CSCOneHealthAlerts@apha.gov.uk)
- to the Head of Field Delivery Scotland (HFDS) on [ScotlandExotics@apha.gov.uk](mailto:ScotlandExotics@apha.gov.uk)
- in Wales, to APHA Cymru/Wales on [APHA.CymruWales@APHA.gov.uk](mailto:APHA.CymruWales@APHA.gov.uk)

APHA Authorisation Number:

Work Schedule Activity (WSA) (England and Wales only):

Delivery Partner (England and Wales only):

Name of APHA Veterinarian authorising the Delivery Partner (DP) or Official Veterinarian (OV) to take actions (if known):

Please use **block letters**

ID/Ear tag number

Description of suspect animal(s) or carcase(s), including identification numbers, age, species (if relevant), breed and sex:

Age

Bovine

Other

If Other state species

Breed

Sex

Details of keeper, including name, address and postcode:

Postcode

CPH

Location animal(s)/carcase(s) examined if different to the above:

Postcode

Map Ref:

Is the animal dead? Yes  No

I, the undersigned, have on behalf of APHA:

- taken a history from the keeper or their representative Yes  No
- examined the animal(s) or carcase(s) and where appropriate the immediate surrounding area Yes  No
- concluded without having to take smears or other samples, that the death/illness was caused by something other than anthrax (**no smear examined**) Yes  No
- **examined a blood smear** stained with McFadyean's methylene blue stain for the presence of anthrax bacilli Yes  No

Reason for concluding that the death/illness was **not** caused by anthrax. Please state: (e.g. no stained anthrax bacilli observed on slide/state other likely cause of death identified etc.) **Completion is mandatory**

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Name of Sampling OV (OCQ(V) - ES)

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- I certify that in my professional Veterinary opinion, from the findings of this investigation, I can find no evidence to confirm the presence of anthrax in the suspect animal(s) or carcass(es)
- I certify that I hold the necessary Official Controls Qualification (Veterinary) (OCQ(V)) Essential Skills (ES) and Statutory Surveillance (SS) to carry out an Anthrax investigation
- \*I certify that the Sampling OV named above, who undertook an enquiry and/or took samples on my behalf, holds the OCQ(V) - ES and has received the appropriate cascade training to carry out the Anthrax investigation, and that I examined the smears myself

\*delete if not appropriate

Name in **block letters**

Registerable Qualifications (required in all cases)

		MRCVS
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Signature of OV

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Date

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OV Practice Address

Postcode

OV Stamp or OV number

**APHA Inspector Following Completion of Investigation**

**Either:**

I, the undersigned APHA Veterinarian, close the veterinary inquiry, based on the findings of no evidence to confirm the presence of anthrax in the suspect animal(s) or carcass(es), following the investigation completed by an OV, on behalf of an APHA Veterinarian.

**Or**

I completed the veterinary inquiry and can find no evidence to confirm the presence of anthrax in the suspect animal(s) or carcass(es), following my investigation.

Name in **block letters**

Registerable Qualifications (required in all cases)

		MRCVS
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Signature of APHA Veterinarian

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Date

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Address

Postcode

**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.

<b>HM3 Stamp</b>	Name:		Date Received:		WS ID:	
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