

Camelid TB Serology Package - Private Sample Submission Form

For APHA Use	
APHA Ref. No.	<input type="text"/>
Date received.	<input type="text"/>

Submit samples to APHA Starcross, Staplake Mount, Starcross, Exeter, Devon, EX6 8PE.

This form is only for use for private testing of animals not subject to tuberculosis movement restrictions and/or awaiting mandatory tuberculosis blood testing by APHA.

Please submit clotted blood or serum ONLY

Clients name and Farm address

Veterinary Practice

Postcode: CPHH No.

Clinician: Your reference:

Private Veterinary Surgeons are required to confirm that they have secured written agreement to undertake this test and the sampled animals were not under TB related movement restrictions or awaiting testing by APHA at the point of sampling. Please tick to confirm

Animal Details - enter on sampling sheet

Purpose/Housing - enter the main enterprise under which the affected animals are kept

Organic? Yes No Unknown In Transition
 Purpose Fibre Pet Zoo Open farm N/A
 Housing Housed Outdoors Mixed Unknown

Reason for Submission

Pre or post-movement test SER-MVT <input type="checkbox"/>	Pre-export test SER-EXP <input type="checkbox"/>
Diagnostic to exclude TB from differential diagnoses in a herd not restricted (TB not strongly suspected) SER-DIAG <input type="checkbox"/>	Monitoring - voluntary routine testing (Herd not restricted) SER-RHT <input type="checkbox"/>

Tick if a tuberculin injection has been administered to the animals 10 - 30 days before blood sampling

Clinical history (only if diagnostic)

Total No. in herd	No. in affected group	No. affected including dead	No. dead	Duration of clinical signs (in affected case)	
				0-3 days <input type="checkbox"/>	4 days - 2 weeks <input type="checkbox"/>
				>2 weeks <input type="checkbox"/>	Unknown <input type="checkbox"/>

Clinical Signs Please rank in order of importance e.g. 1 = main clinical sign

Wasting/poor condition Malaise Respiratory Recumbent
 Skin Diarrhoea Other

Clinical history/provisional diagnosis if any

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