

BVDLAB1A

**The Bovine Viral Diarrhoea Eradication Scheme Order
(Northern Ireland) 2016**

**APPLICATION TO THE DEPARTMENT OF AGRICULTURE, ENVIRONMENT AND RURAL
AFFAIRS (DAERA) FOR LABORATORY APPROVAL FOR PROVISION OF
BOVINE VIRAL DIARRHOEA VIRUS (BVDV) TESTING FOR
THE NORTHERN IRELAND BVD ERADICATION SCHEME**

Laboratory Details:

Laboratory Proprietor Full Legal Name	
Laboratory Business / Trading Name	
Address including postcode	
Contact Name	
Contact telephone number	
Contact e-mail address	

Tests / sample types for which laboratory approval is requested (please tick):

TEST	SAMPLE TYPE			
	Ear punch	Blood	Individual milk	Pooled / bulk tank milk
BVDV detection by ELISA				
BVDV detection by RTPCR				
Detection of antibodies to BVDV by ELISA				
Others (please specify)				

I apply on behalf of: _____ (Name of Laboratory) for approval for the laboratory to provide BVDV testing for the Northern Ireland BVD Eradication Scheme.

I CONFIRM I have read the Laboratory Approval Criteria and **I AGREE AND ACCEPT** to be bound by and observe the Approval Criteria provided by DAERA.

I UNDERTAKE to comply with all requirements contained therein and in support of this I enclose all of the following:

- Documentary evidence of accreditation to ISO 17025 for each of these tests / sample types indicated above.
- A description of the laboratory procedures and protocols that will be used to create and transfer result files to the Animal Health & Welfare Northern Ireland (AHWNI) database, providing details for each of the following:
 - a) The processes (both manual and computer automated) that will be used to compile the results file
 - b) The validation processes that will be performed on the results file prior to transfer
 - c) The file transfer procedure
 - d) Validation of the file transfer
- Details of the contingency/emergency plan in place in the laboratory to ensure continuity of supply of laboratory services.

Please indicate if your laboratory is currently designated to provide BVD testing to the BVD eradication scheme in the Republic of Ireland, or any other EU member state:

Yes		No	
If YES please state country of designation & ISO standard			

Name: _____ Position in company: _____

Signature: _____ Date: _____

Any personal information provided in this form will be used solely in relation to the NI BVD Eradication Scheme. All personal details will be handled in line with DAERA's Privacy Notice and the Data Protection Act 1998.

Please return the completed form and supporting documentation to:

**Animal Health Strategy & TSE Branch
 Department of Agriculture, Environment and Rural Affairs
 Ballykelly House
 111 Ballykelly Road
 Ballykelly
 Limavady
 BT49 9HP**

email: BVD.policy@daera-ni.gov.uk