



**SUBMISSION FORM FOR RE-TESTING OF CATTLE WITH AN INITIAL POSITIVE/INCONCLUSIVE/NO SAMPLE RESULT FOR BVD VIRUS AND/OR THEIR DAMS/OFFSPRING**

Please test the enclosed blood samples from **herd Number:** \_\_\_\_\_ for BVD virus:

Bloods enclosed (please tick):  Calf  Dam  Other animals

Reason for submission (please tick):  No sample  Not tested/Bought In  Initial PI/Inconclusive  DamPI

CALF* DETAILS			INITIAL TEST DETAILS				SAMPLES SUBMITTED		
Tag Number	Sex (M/F)	Date of Birth	Lab	Lab Reference	Test Date	Test Value/Result	Calf* Retest (✓ if submitted) [Tube Code]	Dam Tag Number	Dam Test (✓ if submitted) [Tube Code]

\*Usually refers to calves but may also refer to other animals.

\* PLEASE WRITE CLEARLY AND PROVIDE FULL TAG NUMBER TO AVOID SAMPLES BEING RETURNED OR RESULTS BEING DELAYED.

Herd Owner Name:  
 Address:  
 Address:  
 Address:  
 Address:  
 Postcode:  
 Telephone (mobile) no:  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Veterinary Practice:  
 Address:  
 Address :  
 Address:  
 Postcode:  
 Telephone No:  
 Email address:  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

COMPLETE AND SIGN THE VETERINARY PRACTICE INFORMATION BOX ALSO.

Information provided on this form may be shared with AHWNI to facilitate the administration of the BVD Eradication Programme.