



APHA general testing form - Use this form for commercial laboratory testing

Submitting Veterinary Practice (to be invoiced)

Client's Name

Postcode :

Postcode: CPHH:

Email:

SPECIES: **BREED:**

Select how you want to receive the report:-

- Email (Free of charge. This is the default option)
- Royal Mail (Extra fee)
- Courier (Extra fee)

SAMPLE TYPE:

DATE SAMPLE TAKEN:

Please complete this form carefully, as amendments after registration will incur an additional charge.

Name/email address if extra copies are required

Previous ref. or senders ref. (if applicable):

REASON FOR TESTING: (tick as appropriate)

- Non statutory post import testing Country of origin:
- Diagnostic (Please use the 'clinical notes' section on page 2)
- Other (Please specify)

FAST TRACK: Fast tracks incur an additional charge per sample per test. By ticking this box you are agreeing to this charge. You will be contacted if we are unable to fast track your sample. For equine PCR contact sm-apha-pcr@apha.gov.uk

RUMINANT	PORCINE	CANINE / FELINE	EQUINE	AVIAN
Border Disease ELISA ‡ <input type="checkbox"/>	Aujeszky's ELISA <input type="checkbox"/>	Babesia gibsoni IFAT ‡..... <input type="checkbox"/>	Dourine CFT <input type="checkbox"/>	Avian Influenza HAIT..... <input type="checkbox"/>
Border Disease PCR <input type="checkbox"/>	Brucella c.ELISA <input type="checkbox"/>	Babesia gibsoni PCR <input type="checkbox"/>	EIA AGIDT (Coggins) <input type="checkbox"/>	Erysipelas SAT <input type="checkbox"/>
Brucella c.ELISA <input type="checkbox"/>	Brucella CFT <input type="checkbox"/>	Babesia canis IFAT <input type="checkbox"/>	Equine Influenza PCR ... <input type="checkbox"/>	Mycoplasma:
Brucella CFT <input type="checkbox"/>	Brucella RBT <input type="checkbox"/>	Babesia giemsa smear..... <input type="checkbox"/>	EVA SNT (see below) ... <input type="checkbox"/>	gallisepticum RSA <input type="checkbox"/>
Brucella RBT <input type="checkbox"/>	Brucella SAT <input type="checkbox"/>	Brucella canis ELISA..... <input type="checkbox"/>	Give date of vaccination:	meleagridis RSA <input type="checkbox"/>
Brucella SAT <input type="checkbox"/>	Erysipelas SAT <input type="checkbox"/>	Brucella canis SAT <input type="checkbox"/>	EVA <input type="text"/>	synoviae RSA <input type="checkbox"/>
Brucella ovis CFT <input type="checkbox"/>	Lepto bratislava MAT.. <input type="checkbox"/>	Ehrlichia canis IFAT <input type="checkbox"/>	EHV <input type="text"/>	Salmonella:
BVD Ab ELISA <input type="checkbox"/>	Mycoplasma hyopneumoniae ELISA <input type="checkbox"/>	Heartworm Ag ELISA <input type="checkbox"/>	Glanders CFT <input type="checkbox"/>	enteriditis ELISA..... <input type="checkbox"/>
BVD Ag ELISA <input type="checkbox"/>	PRRS ELISA <input type="checkbox"/>	Heartworm microfilaria concentration test <input type="checkbox"/>	Piroplasmosis CFT <input type="checkbox"/>	enteriditis SAT..... <input type="checkbox"/>
EBL AGIDT <input type="checkbox"/>	PRRS IPMA (Euro) ... <input type="checkbox"/>	Hookworm faecal exam <input type="checkbox"/>	Piroplasmosis ELISA <input type="checkbox"/>	pullorum/gallinarum RSA <input type="checkbox"/>
EBL ELISA <input type="checkbox"/>	Swine Fever ELISA ... <input type="checkbox"/>	Leishmania IFAT <input type="checkbox"/>	Piroplasmosis IFAT <input type="checkbox"/>	pullorum/gallinarum SAT <input type="checkbox"/>
IBR c.ELISA <input type="checkbox"/>	Swine Flu HAIT <input type="checkbox"/>	Lepto canicola MAT <input type="checkbox"/>	Piroplasmosis smear..... <input type="checkbox"/>	
IBR i.ELISA <input type="checkbox"/>	Swine Flu H1N1 PCR H1N1 PCR single <input type="checkbox"/>	Lepto icterohaem. MAT <input type="checkbox"/>	Salmonella abortus equi SAT <input type="checkbox"/>	
Johnes ELISA <input type="checkbox"/>	H1N1 PCR pool <input type="checkbox"/>	Trypanosoma evansi CATT <input type="checkbox"/>		
Lepto ELISA <input type="checkbox"/>	TGE ELISA (diff.) <input type="checkbox"/>	Trypanosoma giemsa smear <input type="checkbox"/>		
Lepto hardjo bovis MAT.. <input type="checkbox"/>	TGE SNT <input type="checkbox"/>	Worm Egg and/or Coccidial oocyst count <input type="checkbox"/>		
Maedi visna AGIDT <input type="checkbox"/>				
Neospora ELISA <input type="checkbox"/>				
		For rabies testing use dedicated submission form: VLARAB1		

‡ = Test Subcontracted

The above is NOT comprehensive. Please refer to the APHA website for details of other tests and current price list.

If test required is not listed above please give details including TC code here.

