



Export: APHA animal disease testing

Use this form to submit samples from animals that require laboratory testing.

<p>Submitting Veterinary Practice</p> <p>Postcode:</p> <p>Email:</p> <p>Select how you want to receive the report:- Email (Free of charge. This is the default option) Royal Mail (Extra fee) Courier (Extra fee)</p> <p>Please complete this form carefully, as amendments after registration will incur an additional charge.</p> <p>Name/email address if extra copies are required</p>	<p>Client's Name</p> <p>Address where animals are kept</p> <p>Postcode: CPHH:</p> <p>SPECIES: BREED:</p> <p>SAMPLE TYPE:</p> <p>DATE SAMPLE TAKEN:</p> <p>Previous ref. or senders ref. (if applicable):</p>
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Destination:

Shipment date:

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

‡ = 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.

Vaccination history / notes:

OFFICIAL ANIMAL ID <i>(Eartag or microchip)</i>	SAMPLE ID <i>Animal name or tube number</i>	SEX	AGE	SAMPLE TYPE	APHA USE ONLY <i>Sample Ref. No.</i>

Third party invoicing will only be permitted on written confirmation from the third party

Data Protection

For information on how we handle personal data please go to www.gov.uk and search Animal and Plant Health Agency Personal Information Charter.

Please tick the box if samples **cannot** be used for anonymous surveillance or test validation purposes

I have taken these samples from the animals described above.

Signature:

Signature box with MRCVS registration number field.

Name in BLOCK letters:

Name in BLOCK letters box.

Date:

Date box.

Testing is subject to the APHA general terms and conditions which are available from our website <https://www.gov.uk/guidance/laboratory-test-price-lists>