

Sample Reception APHA Weybridge New Haw, Addlestone Surrey, KT15 3NB Tel: 03000 600022

email: lab.services@apha.gov.uk Web: www.gov.uk/apha

## Al Submission Form for APHA Weybridge

Veterinary Practice/S	Sender				SMS Auto:					
					Owner's Name:					
					Owner's CPH:					
					Address where a	nimals a	re kept:			
Postcode:										
Email address:										
Name/email address	s if extra	copies of re	ports are req	uired:						
					Postcode:					
					CPHH:					
Sender's reference:					Species:					
Local APHA office:					Breed:					
Non-Statutory Contr	act No. (	f applicable)			Date sample tak	en:				
Do you suspect the details in notes over		of a zoono	otic organism/	'SAPO ir	n these samples? (If	Yes, give	e Yes		No	
Were animals reside	ent in the	UK at the t	ime of sampli	ing?			Yes		No	
		vine					cine			
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Please complete this form carefully

Official Animal ID (ear tag or microchip)	Sample ID Animal name or tube number	Sex	Age	Sample type	APHA Use Onl Sample Ref. No.
					•
more space is needed plea ampling date on one side.	ase attach a second form and com	plete only	the clier	nts name, practice	name and
ease tick box if samples ca	annot be used for anonymous surv	eillance c	or test val	idation purposes.	П
•	s from the animals described ab				
esting is subject to the APF	IA general terms and conditions w	hich are a	available	on our website <u>wv</u>	vw.gov.uk/apha
Signature					
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APHA is an Executive Agency of the Department for Environment, Food and Rural Affairs and also works on behalf of the Scottish Government, Welsh Government and Food Standards Agency to safeguard animal and plant health for the benefit of people, the environment and the economy.