



**Animal &  
Plant Health  
Agency**

Sample Reception  
 APHA Weybridge  
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APHA SUBMISSION REFERENCE

**AI Submission Form for APHA Weybridge**

Veterinary Practice/Sender

Postcode:

Email address:

Name/email address if extra copies of reports are required:

Sender's reference:

Local APHA office:

Non-Statutory Contract No. (if applicable)

SMS Auto:

Owner's Name:

Owner's CPH:

Address where animals are kept:

Postcode:

CPHH:

Species:

Breed:

Date sample taken:

Do you suspect the presence of a zoonotic organism/SAPO in these samples? (If Yes, give details in notes overleaf) Yes  No

Were animals resident in the UK at the time of sampling? Yes  No

Bovine			
Statutory (FT6070)		Non-Statutory	
<b>First Series Tests</b>			
	Dom/	EU	
	Unlicensed		
Brucella i.ELISA (followed by CFT if +ve)	<input type="checkbox"/>	<input type="checkbox"/>	Brucella i.ELISA <input type="checkbox"/>
EBL ELISA	<input type="checkbox"/>	<input type="checkbox"/>	Brucella CFT <input type="checkbox"/>
BVD Ab ELISA	<input type="checkbox"/>	<input type="checkbox"/>	Brucella SAT <input type="checkbox"/>
BVD Ag ELISA	<input type="checkbox"/>	<input type="checkbox"/>	BVD Ab ELISA <input type="checkbox"/>
IBR c.ELISA	<input type="checkbox"/>	<input type="checkbox"/>	BVD Ag ELISA <input type="checkbox"/>
			BVD SNT <input type="checkbox"/>
			EBL ELISA <input type="checkbox"/>
<b>Second Series Tests</b>			
		EU	
Brucella i.ELISA (followed by CFT if +ve)	<input type="checkbox"/>	<input type="checkbox"/>	IBR c.ELISA <input type="checkbox"/>
BVD Ab ELISA	<input type="checkbox"/>	<input type="checkbox"/>	IBR i.ELISA <input type="checkbox"/>
BVD Ag ELISA	<input type="checkbox"/>	<input type="checkbox"/>	IBR gE ELISA <input type="checkbox"/>
IBR c.ELISA	<input type="checkbox"/>	<input type="checkbox"/>	IBR VI (semen) <input type="checkbox"/>
			Johnes ELISA <input type="checkbox"/>
			Lepto hardjo bovis <input type="checkbox"/>
			Lepto pools 1-6 <input type="checkbox"/>
			Liver Fluke ELISA <input type="checkbox"/>
<b>Statutory (Chargeable)</b>			
<b>Routine</b>			
	Dom	EU	
Brucella i.ELISA (followed by CFT if +ve)	<input type="checkbox"/>	<input type="checkbox"/>	Mycoplasma bovis ELISA <input type="checkbox"/>
EBL AGIDT	<input type="checkbox"/>	<input type="checkbox"/>	Q Fever ELISA <input type="checkbox"/>
EBL ELISA	<input type="checkbox"/>	<input type="checkbox"/>	Schmallenberg ELISA <input type="checkbox"/>
BVD Ab ELISA	<input type="checkbox"/>	<input type="checkbox"/>	Schmallenberg PCR <input type="checkbox"/>
BVD Ag ELISA	<input type="checkbox"/>	<input type="checkbox"/>	Schmallenberg VNT <input type="checkbox"/>
IBR c.ELISA	<input type="checkbox"/>	<input type="checkbox"/>	

Porcine			
Statutory (FT6070)		Non-Statutory	
<b>First Series Tests</b>			
	Dom	EU	
Aujeszky's Elisa	<input type="checkbox"/>	<input type="checkbox"/>	Actino.pleuro 3,6,8 <input type="checkbox"/>
Brucella RBT	<input type="checkbox"/>	<input type="checkbox"/>	Aujeszky's SNT <input type="checkbox"/>
CSF Elisa		<input type="checkbox"/>	Brucella c.ELISA <input type="checkbox"/>
PRRS Elisa			Brucella SAT <input type="checkbox"/>
			CSF ELISA <input type="checkbox"/>
<b>Second Series Tests</b>			
	Dom	EU	
Aujeszky's ELISA	<input type="checkbox"/>	<input type="checkbox"/>	Erysipelas SAT <input type="checkbox"/>
Brucella RBT	<input type="checkbox"/>	<input type="checkbox"/>	Haem.parasuis CFT <input type="checkbox"/>
CSF Elisa		<input type="checkbox"/>	Lepto brat. MAT <input type="checkbox"/>
TC0718 PRRS PCR		<input type="checkbox"/>	Lepto pool 3 <input type="checkbox"/>
TC0918 Pooled PRRS PCR (up to 5 sera from growing pigs only)		<input type="checkbox"/>	M.hypopneumoniae ELISA <input type="checkbox"/>
			PPV Ab ELISA <input type="checkbox"/>
			PRRS ELISA <input type="checkbox"/>
			Swine Flu HAIT <input type="checkbox"/>
			TGE/PRCV ELISA <input type="checkbox"/>
			TGE SNT <input type="checkbox"/>
<b>Routine</b>			
	Dom	EU	
Aujeszky's ELISA	<input type="checkbox"/>	<input type="checkbox"/>	
Brucella RBT	<input type="checkbox"/>	<input type="checkbox"/>	
CSF ELISA	<input type="checkbox"/>	<input type="checkbox"/>	
PRRS Elisa	<input type="checkbox"/>	<input type="checkbox"/>	

**Please complete this form carefully**

