



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

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

<p>Submitting Veterinary Practice (to be invoiced)</p> <p>Postcode :</p> <p>Email:</p> <p>Select how you want to receive the report:-</p> <p>Email (Free of charge. This is the default option)</p> <p>Royal Mail (Extra fee)</p> <p>Courier (Extra fee)</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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REASON FOR TESTING: (tick as appropriate)

- Safeguard measure for mandatory pre-import testing from Romania to GB Date of travel:
- Non statutory post import testing
- Diagnostic (Please use the 'clinical notes' section on page 2) Country of origin:
- 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 style="width:50px;" 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 style="width:50px;" type="text"/>	Salmonella:
BVD Ab ELISA <input type="checkbox"/>	Mycoplasma	Heartworm Ag ELISA <input type="checkbox"/>	Glanders CFT <input type="checkbox"/>	enteritidis ELISA..... <input type="checkbox"/>
BVD Ag ELISA <input type="checkbox"/>	hyopneumoniae ELISA <input type="checkbox"/>	Heartworm microfilaria	Piroplasmosis ELISA <input type="checkbox"/>	pullorum/gallinarum RSA . <input type="checkbox"/>
EBL AGIDT <input type="checkbox"/>	PRRS ELISA <input type="checkbox"/>	concentration test <input type="checkbox"/>	Piroplasmosis IFAT <input type="checkbox"/>	pullorum/gallinarum SAT .. <input type="checkbox"/>
EBL ELISA <input type="checkbox"/>	Swine Fever ELISA ... <input type="checkbox"/>	Hookworm faecal exam <input type="checkbox"/>	Piroplasmosis smear..... <input type="checkbox"/>	
IBR c.ELISA <input type="checkbox"/>	Swine Flu HAIT <input type="checkbox"/>	Leishmania IFAT <input type="checkbox"/>	Salmonella abortus	
IBR i.ELISA <input type="checkbox"/>	Swine Flu H1N1 PCR <input type="checkbox"/>	Lepto canicola MAT <input type="checkbox"/>	equi SAT <input type="checkbox"/>	
Johnes ELISA <input type="checkbox"/>	H1N1 PCR single <input type="checkbox"/>	Lepto icterohaem. MAT <input type="checkbox"/>		
Lepto ELISA <input type="checkbox"/>	H1N1 PCR pool <input type="checkbox"/>	Trypanosoma evansi CATT <input type="checkbox"/>		
Lepto hardjo bovis MAT.. <input type="checkbox"/>	TGE ELISA (diff.) <input type="checkbox"/>	Trypanosoma giemsa smear <input type="checkbox"/>		
Maedi visna AGIDT <input type="checkbox"/>	TGE SNT <input type="checkbox"/>	Worm Egg and/or Coccidial		
Neospora ELISA <input type="checkbox"/>		oocyst count <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.

