



Name and Address of Owner	Name and Address of Practice
	<b>Contact:</b>
<b>Herd/Flock No: *</b>	<b>Fax or email:</b>

\* Herd/Flock identification is mandatory for all AI and Notifiable disease submissions e.g. Bluetongue, FMD, CSF, etc.

**It is essential that all the following sections are completed to avoid delays in commencing testing.**

Type of submission*	No. of samples	Species**	Age	Date collected

\* Bloods, swabs, tissues, etc.

\*\* If more than one species is involved please complete a separate submission form for each species.

### History

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### Tests Required

Virus
Antibody
Purpose of tests (please tick): Diagnostic <input type="checkbox"/> Surveillance <input type="checkbox"/> AI/Bull <input type="checkbox"/> Import/Export <input type="checkbox"/> Other: _____

### THIS SECTION IS FOR LABORATORY USE ONLY

Comments:	Virology Reference No.	
	Date Received:	

**Sample Details (please attach additional sheet if necessary)**

	<i>Identification*</i>	<i>Tube Code</i>	<i>Breed</i>	<i>Age</i>	<i>Sex</i>	<i>Comments</i>
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\*Individual sample identification is mandatory for all AI and Notifiable disease submissions e.g. Bluetongue, FMD, CSF, etc.

Further copies of this form may be obtained from **Virology Division, Department of Agriculture and Food Laboratories, Backweston, Celbridge, Co. Kildare.**  
 Tel: +353 (0) 1 6157338  
 Fax: +353 (0) 1 6157253