

EQUINE INFECTIOUS ANAEMIA

(Sheet No. ____ of ____)



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 Virology Division,
 Central Veterinary Research Laboratory,
 Backweston Campus,
 Celbridge,
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 Phone: (01) 6157259 Fax: (01) 615 7253

- 1. Veterinary Surgeon _____
 Address _____
- 2. Owner _____
 Address _____
- 3. Horse(s) is/are kept at _____
- 4. No. Serum Sample(s):
- 5. Test(s): AGID (Coggin's test) ELISA
- 6. Purpose of test(s) _____
- 7. Charge: Yes / No

For Official Use
Date Received _____
Submission No. _____

Horse No.	Name/Passport/ Registration No.	Breed	Colour	Sex	Year of Birth	Sire	Dam	Foal's Name	Aliquot Number	Results	
										AGID	ELISA

Aliquot Number	Results	
	AGID	ELISA

9. I certify that the sample(s) submitted is(are) from the animal(s) specified above and that the information furnished is correct to the best of my knowledge.

_____ VS _____

Signed _____ RO (CVRL Laboratory) Date _____
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10. Date sample(s) collected _____