



AI STATION SAMPLES

Name / Address of AI Station	Name and Address of Client
	Contact:
	Fax / email:
Herd No: *	Your ref:

* Herd identification is mandatory

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

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

* Bloods, semen, swabs, tissues, etc.

History

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Tests Required

Virus
Antibody
Purpose of tests (please tick): Surveillance <input type="checkbox"/> Movement <input type="checkbox"/> Diagnostic <input type="checkbox"/> Other:

AI Station Sample Details (use additional sheets if necessary)

	<i>Identification*</i>	<i>Tube/Straw Code</i>	<i>Breed</i>	<i>Age</i>	<i>Sex</i>	<i>Comments</i>
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* It is critical that the full official DAFF ear tag is used; Bull code is useful but optional.

I certify that the samples submitted herewith are from the animals listed below, that I sampled these animals, and that the information is correct to the best of my knowledge.

Signed _____ MVB Date _____