Notice to Users

This form is for herd-owners, in association with their vets, to request the ICBF upload of BVD results for bovine samples tested by the Veterinary Laboratory Service (VLS).

The responsibilities and implications arising from false declarations rest with the herd owner and/or their agents. The VLS accepts the information provided and associated declarations made to it, in good faith, and is not liable for any subsequent issues arising.

- Results can only be transferred for BVD testing done before January 2015. No additional or new testing can be requested on previous samples.

- Results can only be transferred for two test types - the BVD Antigen ELISA and the individual BVD PCR.

- The form and declaration must be signed/stamped by your Veterinary Practitioner.

- The full information and details as requested below are required as part of the declaration process. This is all available on the previous report.

- Please ensure that all sections are completed properly and fully. Failure to do so will mean the transfer cannot be completed.

- The full official DAFM ear tag is required, for Irish-born animals this is typically IEXXXXXXXXXXXX (12 numerical digits, with no spaces).

- The herd-owner undertakes to abide by the terms and conditions associated with the BVD national eradication programme in relation to which they are making this application.

Return this form (by post or fax) for processing to the appropriate RVL where the BVD testing was performed. Full contact info for each RVL is available on [http://www.agriculture.gov.ie/animalhealthwelfare/laboratoryservices/regionalveterinarylaboratories/](http://www.agriculture.gov.ie/animalhealthwelfare/laboratoryservices/regionalveterinarylaboratories/).
### Veterinary Laboratory Service

**Request to transfer BVD results to ICBF**

- **Doc. No.** BVD-ICBF Request
- **Revision** 1
- **Issue Date** 29/05/2015
- **Page Number** Page 2 of 2

---

**Herdowner surname:**  
**Herdowner first name:**  
**Herd Number:**  
**Herdowner mobile no.:**

---

**Below section to be completed by your Veterinary Practitioner**

**Veterinary Practice:**

**Practice email:**

**Practice stamp:**

I, veterinary practitioner, verify that the sample details provided below by the herdowner are correct.

Signed: ____________________________  
Date: ____________________________

---

**Please fill in the details below for each animal to have results transferred to ICBF**

<table>
<thead>
<tr>
<th>Ear tag</th>
<th>Test reference</th>
<th>Date of test</th>
<th>Animal ID on submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>IE123456789123</td>
<td>GV14-012345</td>
<td>01/01/2014</td>
<td>9123</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ear tag</th>
<th>Test reference</th>
<th>Date of test</th>
<th>Animal ID on submission</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

BVD-ICBF Request-V2