Canolfan Milfeddygaeth Cymru
Wales Veterinary Science Centre

Sheep Serology Request

WVSC Ref:	WVSC USE ONLY
Date received:	WVSC USE ONLY

PLEASE COMPLETE THE ADDITIONAL HISTORY AS FULLY AS POSSIBLE

CLIENT'S NAME & ADDRESS

Click or tap here to enter text.

CPHH:	Click or tap here to enter CPHH.

Address where animals kept, if different from above:

Click or tap here to enter text.

CPHH:	Click or tap here to enter CPHH.

VETERINARY PRACTICE

Click or tap here to enter text.

Email(s)*:	Click or tap here to enter text.
	Click or tap here to enter text.
	Click or tap here to enter text.
Clinician:	Click or tap here to enter text.
Mobile No.	Click or tap here to enter text.

* The email addresses given will be used to report results.

Select Test

Flock Screen with Enferplex: **CLA, Johne's/MAP, MVV/CAEV antibody multiplex ELISA** *****PLEASE ENQUIRE BEFORE SUBMITTING SAMPLES*****	☐	**BDv antibody ELISA**	☐
		***Chlamydia abortus* antibody ELISA**	☐
		Johne's / MAP antibody ELISA	☐
Abortion Package: ***T. gondii, C. abortus*, BDv antibody ELISAs**	☐	**Sheep Scab antibody ELISA**	☐
		***Toxoplasma gondii* antibody ELISA**	☐
		ZST Test - Serum	☐

Date of Sampling:	Enter date.	**Number of samples submitted:**	Click or tap here to enter text.

For a sheep scab flock screen, please take blood (plain/red-top) from 12 sheep per management group and include those with wool loss or signs of scratching. Please provide as much additional information as possible.

Reason for testing	
Sheep scab diagnosed on the farm in the previous 2 years?	Yes/No
If yes, how was it diagnosed?	Choose an item or type in other.
Sheep scab suspected on the farm in the previous 2 years?	Yes/No

Last treatment against scab:	Enter date.	**Product Used:**	Click or tap here to enter text.

Flock Type

Hill	☐	**Upland**	☐	**Lowland**	☐	**Lamb Finisher**	☐

Total animals on farm

Breeding Ewes	xxx	**Replacements**	xxx	**Rams**	xxx	**Lambs**	xxx	**Other**	xxx

Biosecurity (please mark all that apply on farm)				**Incoming sheep protocols:**	
Boundary is double fenced	☐	**Use contractors for scanning**	☐	**Incoming sheep isolated for 3 wks**	☐
Neighbouring sheep break in/out	☐	**Use contractors for shearing**	☐	**Treated for scab on arrival**	☐
Share facilities / equipment	☐	**Use contractors for dipping**	☐	**If yes, with what?**	xxx
Share stock trailers	☐	**Keepers do work on other farms?**	☐	**Blood tested for scab in isolation**	☐

COMMENTS (e.g. Has group been treated recently? If so, with what?):

Please tick this box if samples cannot be used anonymously for research and/or test development ☐

DATA PROTECTION: Information may be shared with APHA as part of the government disease surveillance network. For further information on how we handle personal data please read our privacy notice at www.wvsc.wales

GROUP NAME/REFERENCE:	Click or tap here to enter text.
TOTAL NUMBER IN GROUP ***(INCLUDING THOSE NOT SAMPLED):***	xxx

	ANIMAL ID:	**TUBE REFERENCE NUMBER: or Blood Tube Barcode Sticker**	**Age**	**Sex**	**WVSC USE:**
1.	Ear Tag	Tube Number			
2.	Ear Tag	Tube Number			
3.	Ear Tag	Tube Number			
4.	Ear Tag	Tube Number			
5.	Ear Tag	Tube Number			
6.	Ear Tag	Tube Number			
7.	Ear Tag	Tube Number			
8.	Ear Tag	Tube Number			
9.	Ear Tag	Tube Number			
10.	Ear Tag	Tube Number			
11.	Ear Tag	Tube Number			
12.	Ear Tag	Tube Number			
13.	Ear Tag	Tube Number			
14.	Ear Tag	Tube Number			
15.	Ear Tag	Tube Number			

Please click '+' or reprint this page (and paginate) supplementary sheets for additional animals/groups