



# Premium Cattle Health Scheme



Lab Ref: C .....

Cross Ref C .....

Date Received: .....

## Submission Form 2 for:

### Added Animals, Clinical Screen, Reproductive Failure Test or Bulk Milk Tests

*Please use Submission Form 1 for Routine Herd Screens*

*Where non-health scheme testing is required on the same sample(s) submitted for health scheme testing a standard SAC submission form should also be sent detailing the additional tests required.*

### To Be Completed In All Cases

Vet Practice		Client	
Address		Farm Name	
Practitioner		Holding Number	
SAC Contact Vet		Date Sampled	

N° Clotted Blood Samples Submitted

N° Faeces Samples Submitted

N° Heparinised Blood Samples Submitted

N° Milk Samples Submitted

N° Nasal Swabs Submitted

### PLEASE COMPLETE ANIMAL/TEST DETAILS OVERLEAF

### Reason For Testing (3)

Retest(s)  Clinical Screen

Added Animal(s)  Reproductive Failure

Quarantine Animal(s)  Date of Entry Into Quarantine ...../...../.....

Other (detail) .....

### Complete below for Milk Tests only

Bulk Milk / First Lactation Screen (please delete) Sample Collected by .....

Sample N<sup>os</sup> ....., ....., .....

Test(s) Required .....

<b>Comment:</b>   
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**Animal Identification, Sample Number and Test Required**

General Information						Tests Required					
	Tube N°	Ear N°	Age/ DOB	Breed	Sex	BVD Ab	BVD virus	IBR Ab	Johne's Ab	Johne's Faeces	Lepto Ab
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2											
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4											
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