



MAEDI VISNA TEST

Bluefaced Leicesters

Lab Ref.....

Date Rec'd.....

SECTION 1

Veterinary Practice Name and Address		Client Name and Farm Address		Please enter numbers sampled below			
		Telephone: E-mail address:		EWES	RAMS		
				CPH Number		_ _ . _ _ . _ _ _ _	
				FLOCK/HERD I.D.			
Clinician		Flock Type (delete as appropriate)	Hill / Upland / Lowland	Date Sampled			

SECTION 2 Flock Information

Total number of ewes: Total number of rams:

SECTION 3 Clinical History

Please tick any clinical signs observed and add to list if necessary.

- No clinical signs
- Breathlessness
- Swollen joints
- Incoordination
- Thin
- Increased numbers of deaths
- Excessive culling
- Mastitis
- List any other clinical signs:

Please enter details of animals sampled on attached forms.

Samples to be sent to:

SAC Veterinary Services
Drummondhill
Stratherrick Road
Inverness
IV2 4JZ

RESULTS WILL BE REPORTED TO THE VETERINARY PRACTICE

First Line of Farm Address

SECTION 4

Blood Samples:

	Tube No.	Ear No. (optional)	Year of birth	Breed	Sex (M or F)	Additional tests required e.g. copper, GSH-PX for selenium status (heparin sample required), vitamin B12, Johne's
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	Tube No.	Ear No. (optional)	Year of birth	Breed	Sex (M or F)	Additional tests required e.g. copper, GSH-PX for selenium status (heparin sample required), vitamin B12, Johne's
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Samples should be sent together with the blood test form to SAC Veterinary Services, Drummondhill,
Stratherrick Road, Inverness, IV2 4JZ

	Tube No.	Ear No. (optional)	Year of birth	Breed	Sex (M or F)	Additional tests required e.g. copper, GSH-PX for selenium status (heparin sample required), vitamin B12, Johne's
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Samples should be sent together with the blood test form to SAC Veterinary Services, Drummondhill, Stratherrick Road, Inverness, IV2 4JZ