

REQUEST FOR BOVINE TESTS

VETERINARY SURGEON/SPONSOR.....

ADDRESS FOR RESULTS

POST CODE TEL NO.....

ACCOUNT TO

CLIENT REF

DATE OF SUBMISSION

Number of samples submitted.....

(Please ensure all pots / tubes are clearly labeled with cow identification)

Individual bacterial count	
AIM (Delvotest SP-NT)	
Milk progesterone	
Somatic cell count	
BHB minimum 6 tests	
Single chemistry e.g. magnesium	
Calcium, Magnesium, Phosphorus	
Worm egg count	
Coccidia smear	
Salmonella	
Cryptosporidia, Rota, K99, Corona	
Neospora caninum antibody ELISA (serum only)	
Johne's antibody ELISA (Serum or milk)	
BVD antigen (serum only)	
Liver Fluke (serum only)	

How would you like these results reported?

Email? Address

Fax? Number

Results will only be available by email or fax