REQUEST FOR BOVINE TESTS

|  |  |
| --- | --- |
| Veterinary Surgeon/Sponsor |  |
| Address |  |
|  |  |
|  |  |
| Telephone Number |  |
| Account to |  |
| Client Reference |  |
| Submission Date |  |

|  |  |
| --- | --- |
| Individual bacterial count |  |
| Somatic cell count |  |
| BHB  |  |
| Single chemistry e.g. magnesium |  |
| Calcium, Magnesium, Phosphorus |  |
| Worm egg count |  |
| Coccidia smear |  |
| Salmonella  |  |
| Cryptosporidia, Rota, K99, Corona  |  |
| Johne’s antibody ELISA (Serum or milk) |  |
| Other  |  |
|  |  |

 How would you like these results reported, results will only be available by fax or email

Email Address …………………………………………………………….

Fax Number ……………………………………………………………