Blood / Milk Testing Order Form

enfer LABS

Date: [ ]

Veterinary Practice Details:

Name: _____

Address:

_____

_____

Phone: _____

Fax: _____

E-mail: _____

Herd Owners Details:

Name: _____

Address:

_____

_____

Herd Number: _____

Herd Identifier (IE No.): _____

Herd Designator: (372 No.): _____

Number of Bloods / Milks (delete as appropriate) submitted for disease testing: [ ]

Please Note: *All results will be sent to the veterinary practice who submitted the samples for testing. If you require the results to be sent directly to the 'Herd Owner' and not to the veterinary practice please tick this box.* [ ]

Checklist:

1. **Husky File, Excel or CSV submitted to Enfer (in cases of 30 or more animals to be tested)**

   diseasetesting@enfergroup.com [ ]

2. **Number of bloods / milks recorded** [ ]

3. **Veterinary practice details recorded** [ ]

4. **Herd owners details recorded** [ ]

5. **Tests required and Animal ID's recorded on this form** [ ]

6. **The form is signed by the person submitting the samples for testing** [ ]

All samples should be sent to the following address:

F.A.O: Enfer Labs
         Blood & Milk Testing Laboratory
         Unit T, M7 Business Park
         Newhall
         Naas
         Co. Kildare
         W91FD74

         Tel: +353 + (0)45 983800
         Fax: +353 + (0)45 983801

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Herd Owners Details:

Name: _____

Address: _____

_____

Herd Number: _____

Herd Designator: (372 No.):_____

Make multiple copies of this sheet if you are Submitting more than 20 samples

_____
Signature

*Samples for BVD (Virus) from animals under 75 days old at time of sampling should use PCR NOT ELISA

	Animal ID	Date of Birth	Blood tube code	BVD p80 Ab	*ELISA-BVD (Virus)	*PCR- BVD (Virus)	IBR gB (non-Vacc.)	IBR gE (Vaccinated)	Johnes Ab	Leptospira Ab	Neospora Ab	Liverfluke	Salmonella	Bovine Pregnancy
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