

Fax: +353 + (0)45 983801

Blood / Milk Testing Order Form

Address: Phone: Fax: E-mail: Number of Bloods / M Please Note: All result results to be sent direct Checklist: Husky File, I diseasetestim Number of b Veterinary p	Milks (delete as appropriate) subn	ctice who submitted the samples for testing. If you require the the veterinary practice please tick this box.
Address: Phone: Fax: E-mail: Number of Bloods / M Please Note: All result results to be sent direct Checklist: Husky File, I diseasetestim Number of b Veterinary p	Milks (delete as appropriate) subn Its will be sent to the veterinary pra ctly to the 'Herd Owner' and not to	Address: Herd Number: Herd Identifier (IE No.): Herd Designator: (372 No.): sitted for disease testing: ctice who submitted the samples for testing. If you require the the veterinary practice please tick this box.
Phone: Fax: E-mail: Number of Bloods / M Please Note: All result results to be sent direct Checklist: 1. Husky File, I diseasetestim 2. Number of b 3. Veterinary p	Milks (delete as appropriate) subn Its will be sent to the veterinary pra ctly to the 'Herd Owner' and not to	Herd Number: Herd Identifier (IE No.): Herd Designator: (372 No.): itted for disease testing: ctice who submitted the samples for testing. If you require the the veterinary practice please tick this box.
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Please Note: All result results to be sent direct Checklist: 1. Husky File, Indiseasetesting 2. Number of both Market State	lts will be sent to the veterinary practly to the 'Herd Owner' and not to	ctice who submitted the samples for testing. If you require the the veterinary practice please tick this box.
Please Note: All result results to be sent direct Checklist: 1. Husky File, Indiseasetesting 2. Number of both Market State	lts will be sent to the veterinary practly to the 'Herd Owner' and not to	ctice who submitted the samples for testing. If you require the the veterinary practice please tick this box.
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diseasetestin Number of b Veterinary p	Excel or CSV submitted to Enfer	in coses of 20 on more enimals to be tested)
 Number of b Veterinary p 		in cases of 50 or more animals to be tested)
3. Veterinary p	g@enfergroup.com	
	oloods / milks recorded	
4. Herd owners	oractice details recorded	
	s details recorded	
5. Tests require	ed and Animal ID's recorded on t	nis form
6. The form is	signed by the person submitting t	e samples for testing
All samples should be	sent to the following address:	
F.A.O: Enfer Labs Blood & Mill Unit T, M7 B Newhall Naas Co. Kildare W91FD74	k Testing Laboratory	



Blood / Milk Testing Order Form

Herd Owners Details:	Make multiple copies of this sheet if you are Submitting more than 20 samples											
Name:												
Address:												
	Signature											
Herd Number:	*Samples for BVD (Virus) from animals under 75 days old at time of sampling should use PCR <u>NOT</u>											
Herd Designator: (372 No.):	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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