

EQUINE TESTING



Date Sent:													
Sender:		Sample type required: EVA, EIA and Strangles ab: Min vol 200µl – Serum preferred Please consult our website for testing & turnaround schedule.				Biobest Use Only							
						Date of Receipt:				Form No:			
		No of samples:		Booked in:		Rep:		Invoice:					
		Reported:		EVA:		EIA:		Notes:				Ref checked:	
Tel:		QC'd		EVA:		EIA:						Date interim sent:	
Fax:		Vet Checked		EVA:		EIA:						Date final report sent:	
Email:													
No	Sample Ref	Owner/Trainer	Veterinary Surgeon	Equine Infectious Anaemia	Equine Viral Arteritis	Duwayn EHV 14 vaccinated? Y/N	Previous Positive? (please tick)	Biobest Ref					
				EIA	EVA								
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
Please Turn Over.....													

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No	Sample Ref	Owner/Trainer	Veterinary Surgeon	E	Equine Infectious Anemia	Equine Viral Arteritis	Duraxyn EHV 1,4 vaccinated? Y/N	Previous Positive? (please tick)	Biobest Ref
				(EIA)	(EVA)				
11									
12									
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16									
17									
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28									
29									
30									
				Reported:	EIA:	EVA:			
				QC'd	EIA:	EVA:			

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