

# BOVINE MILK TESTS



**Date sent:**

**Sender/Veterinary Practice:**

  
  

**Tel:**

**Fax:**

**Email:**

**Individual Milk**

**Farmer:**

  
  

**CPH Number:**

**Tel:**

**Fax:**

**Email:**

**Bulk Milk**

Tube Number	Biobest Reference Number

**Test (Please tick):**

- |                          |                      |                |
|--------------------------|----------------------|----------------|
| BVD Antibody             | Neosporea Antibody   | Lepto Antibody |
| IBR Antibody             | Ostertagia Antibody  | BVD PCR        |
| IBR gE Antibody (marker) | Salmonella Antibody  | Mastitis PCR   |
| Johne's Antibody         | Liver Fluke Antibody |                |

**History:**

  
  
  

Biobest Use Only		
Date of receipt:	Form no:	
No. of samples:	Rep:	Invoice:
Booked in:	QC:	Vet:
	Fax:	Date report faxed:

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