

EQUINE SCREENING PRE-BREEDING



Date sent: Sender: Tel: Fax: Email:	Biobest Use Only Additional information (pre-treatment of samples etc)
	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> Tick Test(s) Required* </div> <div style="margin-left: 20px; font-size: small;"> *unless otherwise requested we will use the reference methods for EVA & EIA (VNT & Coggins) </div>

No	Sample Ref	Owner/Trainer	Veterinary Surgeon	Equine Infectious Anaemia (EIA)	Equine Viral Arteritis (EVA)	Strangles Antibody ELISA	Duvaxyn EHV 1,4 vaccinated? Y/N	Previous Positive? (please tick)	Biobest Ref
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

EVA Test Information: Test set up on Mon, Wed & Fri (Tue during January/February) Length of Test 48 – 72 Hrs Min vol 200µl – Serum preferred	EIA Test Information: Test set up on Mon, Tue, Wed & Thur overnight Length of Test is 24 hrs (PM next day) Min vol 200µl – Serum preferred	Strangles ELISA Test Information: Test set up on Mon, Wed & Fri Length of Test is same day Min vol 200µl – Serum preferred
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Biobest Use Only		
Date of Receipt:	Form No:	
No. of Samples:	Rep:	Invoice:
Booked in:	Interim Report QC:	Interim Fax: Date Faxed:
	Final Report QC:	Final Fax: Date Faxed:

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