

# EQUINE SEROLOGY



**Date sent:**  
**Sender:**

**Tel:**  
**Fax:**

**Biobest Use Only**  
**Additional information (pre-treatment of samples etc)**

No	Sample Ref	Owner/Trainer	Veterinary Surgeon	Tick Test(s) Required				Previous Positive? (please tick)	Biobest Ref
				Equine Infectious Anaemia (EIA)	Equine Viral Arteritis (EVA)	Duvaxyn EHV 1,4 vaccinated ? Y/N			
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									

Biobest Use Only			
Date of Receipt:	Form No:		
No. of Samples:	Rep:	Invoice:	
Booked in:	Interim QC (if required):		
	Final QC:		
	Interim Fax (if required):		Date interim report faxed (if required):
	Final Fax:		Date final report faxed:

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EVA & EIA Serology submission form v2