



FARMER'S SUBMISSION FORM – BVD SCREENING

Holding Number (CPH): / /	
Name Address	VETS DETAILS Name Address
Postcode	Postcode
Tel:	Tel:
Fax:	Fax:
Email:	Email:

Date samples were taken: __ / __ / ____

Are you an accredited health scheme member? YES NO

Declaration by Keeper

These samples are intended to constitute a mandatory annual screening test for BVD for my herd.

Signature: Date:

For a calf screen, all calves born on the farm in a 12 month period must be screened for BVD virus. Your 12 month period will be set by the date you carried out your last test e.g. if your last screen was for Feb 2012 – Feb 2013 then all the calves born between Feb 2013 – Feb 2014 must be tested.

(Please copy this form for further calves as necessary or download: www.scotland.gov.uk/bvd)

Please discuss the options for this with the testing laboratory where necessary.

Which screening method have you selected? (Please circle option 1 or 2)

1. TEST ALL CALVES; using the ear tissue test.

(now please tick either FULL or PART)

This lab submission fulfils the above method in: FULL PART

2. TEST ALL ANIMALS IN THE HERD; using the ear tissue test.

(now please tick either FULL or PART)

This lab submission fulfils the above method in: FULL PART

Official ID													Tissue Tag Number (if different)	Lab Reference	Virus	

Please tick this box if you **do not** give permission for samples and information you submit to be shared with Scottish Government appointed research providers to support BVD eradication.

FOR LABORATORY USE:		Lab Ref No:	
Date of receipt:		No of Samples	
Initials:		Checked:	
Reported		Invoiced	
Vet		Databased	