



Sub Ref

Cross Ref

Date

Submission Form for: Ear tissue samples for BVD virus testing

Send All Samples to:

SAC Veterinary Services, Greycrook, St Boswells, Melrose, Roxburghshire, TD60EQ

By submitting these samples for testing you accept our Standard Terms and Conditions. These can be found at: <https://www.sruc.ac.uk/vets/terms>

If you are a Premium Cattle Health Scheme member please Enter your PCHS member number ie SB/1234

To Be Completed In All Cases

Vet Practice		Herd Owner	
Address		Holding Number	
Address		Farm	
Town		Address	
Post code		Town	
Email Address		Post Code	
Practitioner		Email Address	

Number of Ear Tissue Samples enclosed

PLEASE COMPLETE ANIMAL/TEST DETAILS OVERLEAF
(This is not required where tissue sample containers show the UK official tag number)

Comment:

Animal Identification, Sample Number and Test Required

	Tag N°	Ear N°	Age/ DOB
1			
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	Tag N°	Ear N°	Age/ DOB
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	Tag N°	Ear N°	Age/ DOB
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PLEASE COPY AND NUMBER MORE PAGES AS REQUIRED