



BLOOD SAMPLE RETURN FORM

Application for bovine BLOOD antigen testing.

This form must be completed and returned with **all** samples you send to:

CIS Laboratory, Speir House, Stafford Park 1,
Telford, Shropshire TF3 3BD

Please ensure adequate postage is used.



CIS Herd Number

FARMER DETAILS	VET DETAILS
Trading Title: <input type="text"/>	Practice Name: <input type="text"/>
Name: <input type="text"/>	Vet Name: <input type="text"/>
Address: <input type="text"/>	Address: <input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Postcode: <input type="text"/>	Postcode: <input type="text"/>
Email <input type="text"/>	Email <input type="text"/>
Mobile <input type="text"/>	Mobile <input type="text"/>
Telephone <input type="text"/>	Telephone <input type="text"/>
UKHerdMark: U K <input type="text"/>	Permission for vet listed above to receive
CPH <input type="text"/>	results of test: <input type="checkbox"/>

Results by email or secure Login (free of charge) as advised by laboratory

Results by POST (charged at £1.00)

Are you a CHeCS health scheme member? Yes No

If yes, name of Health Scheme:

I agree that as a member of **BVDFree** my BVD test results can be uploaded to the BVDFree database and that the BVD test results and BVDFree herd status will be held in the BVDFree database and openly accessible through portals approved by BVDFree (eg Livestock Data Exchange Hub)

Declaration by vet

Signature: _____ Date: _____

SAMPLES should be received at the Laboratory within 3 WEEKS of being taken

UK HERD MARK	ANIMAL ID (Ear Tag Number)	DATE OF BIRTH	VIAL NUMBERS (If using management button)	SAMPLE DATE

- Herd owners are advised to ensure the correct postage is paid. Failure to pay the correct postage WILL delay the arrival and processing of your samples.
(Please weigh your package at your local post office, and take guidance from Royal Mail staff if you are unsure.)
- It is also advisable to write your herd number on the back of the postage envelope.

FOR LABORATORY USE:		Lab Ref No:	
Date of receipt:		No of samples:	
Initials:		Checked:	
Reported:		Invoiced:	
Vet:		Uploaded to BVDFree:	