

# BLOOD ANITGEN 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 One, Telford, Shropshire TF3 3BD

**Please ensure adequate postage is used.**



**ENGLAND**



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: \_\_\_\_\_

