

OVINE SERUM / SALIVA			
SENDER DETAILS		This snace may be	used by sender to affix barcode or other
Contact name:		Tills space may be	sample ID sticker.
Veterinarian / Other contact:			
Sender's unique ref no:		Date sampled:	Sample Type:
Address:		Date sent:	
		Breed:	
		Age:	
Tel:		Total number of sampl	les sont:
Email:		(enter individual detail	
Please note: the lambs being tested need to be und to determine this.  In order that lambs have a high enough egg count for a parasite infection. When mob sampling: -  - The lambs must not have been treated for worms we have lambs should be grazing on 'dirty' pastures for he lambs should be grazing on 'dirty' pastures for he lambs should be grazing on 'dirty' pastures for he lease - Do not drench the animals to be included in products such as Cydectin drench, Ivomec and Decta efforts.  - Please - Ensure as far as is practical that all animals mean that results are more comparable as the anim kept in different groups/mobs - please submit samp	or variation between in within the last 4 weeks at least the last 4 weeks in this programme with omax injection). These included have the sar als will have been exp	ndividual animals to be ex s at least. eks. th any product claiming to e are residual drenches ar me or similar grazing hist losed to the same types a	expressed it is vital that lambs are exposed to be 'long-acting' or 'persistent' (e.g., and will invalidate the results and all your ory and management treatments (this will and levels of parasitic infection). If lambs are
WORMING HISTORY			
Date and results of last worm egg count			
Date of last wormer and type of worming product of	used		
GRAZING HISTORY			
Approximate date when lambs were grouped prior	to sampling		

FOR BIOBEST USE ONLY	DATE OF RECEIPT:	INVOICE:
NO. OF SAMPLES:	FORM NO:	VET CHECKED:
BOOKED IN:	DATABASED:	REPORTED PRACTICE:
CHECKED:	REF CHECKED:	REPORTED SIGNET:



Type of grazing

Please send samples and fully completed form to:

Approximate time from last feed to sampling (minutes)

Contact email: enquiry@biobest.co.uk

Biobest Laboratories Ltd, 6 Charles Darwin House, The Edinburgh Technopole, Milton Bridge, Nr Penicuik, EH26 0PY



## Ovine Salivary IgA test: Test request form

Biobest Ref:	Sender's Ref:	Animal ID	Sample type (Blood/ Serum/Saliva)	Age	Sex
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
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21					
22					
23					
24					
25					



## Ovine Salivary IgA test: Test request form (Continued)

Biobest Ref:	Sender's Ref:	Animal ID	Sample type (Blood/ Serum/Saliva)	Age	Sex
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
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45					
46					
47					
48					
49					
50					

Please send samples and fully completed form to:

Biobest Laboratories Ltd, 6 Charles Darwin House, The Edinburgh Technopole, Milton Bridge, Nr Penicuik, EH26 0PY