



**AI Submission Form for APHA Weybridge**

Veterinary Practice/Sender

Postcode:

Email address:

Name/email address if extra copies of reports are required:

Sender's reference:

Local APHA office:

Non-Statutory Contract No. (if applicable)

Do you suspect the presence of a zoonotic organism/SAPO in these samples? (If Yes, give details in notes overleaf) Yes  No

Were animals resident in the UK at the time of sampling? Yes  No

SMS Auto:

Owners Name:

Owners CPH:

Address where animals are kept:

Postcode:

CPHH:

Species:

Breed:

Date sample taken:

Bovine			
Statutory (IT6070)		Non-Statutory	
<b>First Series Tests</b>	Dom/ EU		
	Unlicensed		
Brucella i.ELISA (followed by CFT if +ve)	<input type="checkbox"/> <input type="checkbox"/>	Brucella i.ELISA	<input type="checkbox"/>
EBL ELISA	<input type="checkbox"/> <input type="checkbox"/>	Brucella CFT	<input type="checkbox"/>
BVD Ab ELISA	<input type="checkbox"/> <input type="checkbox"/>	Brucella SAT	<input type="checkbox"/>
BVD Ag ELISA	<input type="checkbox"/> <input type="checkbox"/>	BVD Ab ELISA	<input type="checkbox"/>
IBR c.ELISA	<input type="checkbox"/> <input type="checkbox"/>	BVD Ag ELISA	<input type="checkbox"/>
		BVD SNT	<input type="checkbox"/>
<b>Second Series Tests</b>	EU	EBL ELISA	<input type="checkbox"/>
Brucella i.ELISA (followed by CFT if +ve)	<input type="checkbox"/>	IBR c.ELISA	<input type="checkbox"/>
BVD Ab ELISA	<input type="checkbox"/>	IBR i.ELISA †	<input type="checkbox"/>
BVD Ag ELISA	<input type="checkbox"/>	IBR gE ELISA †	<input type="checkbox"/>
IBR c.ELISA	<input type="checkbox"/>	IBR VI (semen)	<input type="checkbox"/>
		Johnes ELISA	<input type="checkbox"/>
		Lepto hardjo bovis	<input type="checkbox"/>
		Lepto pools 1-6	<input type="checkbox"/>
		Liver Fluke ELISA	<input type="checkbox"/>
<b>Statutory (Chargeable)</b>		Mycoplasma bovis ELISA	<input type="checkbox"/>
<b>Routine</b>	Dom EU	Q Fever ELISA †	<input type="checkbox"/>
Brucella i.ELISA (followed by CFT if +ve)	<input type="checkbox"/> <input type="checkbox"/>	Schmallenberg ELISA †	<input type="checkbox"/>
EBL ELISA	<input type="checkbox"/> <input type="checkbox"/>	Schmallenberg PCR †	<input type="checkbox"/>
BVD Ab ELISA	<input type="checkbox"/> <input type="checkbox"/>	Schmallenberg VNT †	<input type="checkbox"/>
BVD Ag ELISA	<input type="checkbox"/> <input type="checkbox"/>		
IBR c.ELISA	<input type="checkbox"/> <input type="checkbox"/>		

Porcine			
Statutory (IT6070)		Non-Statutory	
<b>First Series Tests</b>	Dom EU		
Aujeszky's ELISA	<input type="checkbox"/> <input type="checkbox"/>	Actino.pleuro 3,6,8	<input type="checkbox"/>
Brucella RBT	<input type="checkbox"/> <input type="checkbox"/>	Aujeszky's SNT †	<input type="checkbox"/>
CSF ELISA	<input type="checkbox"/> <input type="checkbox"/>	Brucella c.ELISA	<input type="checkbox"/>
		Brucella SAT	<input type="checkbox"/>
		CSF ELISA	<input type="checkbox"/>
		Erysipelas SAT	<input type="checkbox"/>
		Haem.parasuis CFT	<input type="checkbox"/>
<b>Second Series Tests</b>	Dom EU	Lepto brat. MAT	<input type="checkbox"/>
Aujeszky's ELISA	<input type="checkbox"/> <input type="checkbox"/>	Lepto pool 3	<input type="checkbox"/>
Brucella RBT	<input type="checkbox"/> <input type="checkbox"/>	M.hypopneumoniae ELISA	<input type="checkbox"/>
		PED Ab ELISA	<input type="checkbox"/>
		PPV Ab ELISA †	<input type="checkbox"/>
		PRRS ELISA	<input type="checkbox"/>
		PRRS IPMA (Euro)	<input type="checkbox"/>
		PRRS IPMA (US)	<input type="checkbox"/>
<b>Routine</b>	Dom EU	Swine Flu HAIT	<input type="checkbox"/>
Aujeszky's ELISA	<input type="checkbox"/> <input type="checkbox"/>	TGE/PRCV ELISA	<input type="checkbox"/>
Brucella RBT	<input type="checkbox"/> <input type="checkbox"/>	TGE SNT	<input type="checkbox"/>
CSF ELISA	<input type="checkbox"/> <input type="checkbox"/>		

† = Not UKAS accredited

Only for first/second Series: If BVD Ab ELISA I/C sender accepts charges for confirmatory non-statutory SNT to be performed. Results must be copied to Carlisle office. Please tick to confirm agreement

If paired testing is required, enter 'P' in relevant test tick box and enter LS submission/sample details from first of pair tests.

LT Sub. Ref	LT Sample Ref	Animal ID



Vaccination history/notes

Official Animal ID (ear tag or microchip)	Sample ID Animal name or tube number	Sex	Age	Sample type	APHA Use Only Sample Ref. No.

If more space is needed please attach a second form and complete only the clients name, practice name and sampling date on one side.

Please tick box if samples cannot be used for anonymous surveillance or test validation purposes.

**I have taken these samples from the animals described above.**

Testing is subject to the APHA general terms and conditions which are available on our website [www.gov.uk/apha](http://www.gov.uk/apha)

Signature

Name in BLOCK LETTERS  Date

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**FAIR PROCESSING NOTICE**  
Defra, the Scottish Government, the Welsh Government and the Food Standards Agency are Data Controllers in Common in respect of personal data processed by the Animal and Plant Health Agency (APHA). For the purposes and usage of the data by APHA and the data sharing arrangements, please see the APHA Personal Information Charter on GOV.UK. A hard copy of this can be provided if required; please contact your local APHA Field Service office. APHA will not permit any unwarranted breach of confidentiality or act in contravention of their obligations under the Data Protection Act 1998. APHA is an Executive Agency of the Department for Environment, Food and Rural Affairs and also works on behalf of the Scottish Government, Welsh Government and Food Standards Agency.

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The Animal and Plant Health Agency is an Executive Agency of the Department for Environment, Food and Rural Affairs working to safeguard animal and plant health for the benefit of people, the environment and the economy.