

BOVINE TISSUE SAMPLE SUBMISSION FORM

Once completed return this form with your samples to:
National Milk Laboratories, 32 Kelvin Avenue, Hillington Park, G52 4LT
PLEASE ENSURE THAT THE CORRECT POSTAGE FEE IS PAID



Save time by downloading an editable version of this form at www.allflex.co.uk, complete and save to use again.

KEEPER/FARM DETAILS

Name:

Address:

Postcode:

UK Herd Mark: UK

CPH:

Tel:

Mobile:

Fax:

Email:

VETERINARY SURGEON DETAILS

Please note, if you complete this section your results will be automatically sent to your veterinary practice.

Veterinary Surgeon:

Veterinary Practice:

Address:

Postcode:

Tel:

Mobile:

Fax:

Email:

Please indicate your preferred method for result notification: Post: Email*: Fax: NML Secure Portal**:

*Please provide a valid e-mail address for yourself and your veterinary practice. **Please contact NML directly (03330 043 043 option 1) to register for a username and password.

Are you a health scheme member? YES: NO:

SCOTTISH PRODUCERS ONLY

Please select a testing option:

Option 2: Calf screening, test all calves Option 3: Whole herd screen

DECLARATION BY KEEPER

Signature: Date:

Please record sample details overleaf

- SAMPLES SHOULD BE RECEIVED BY NML WITHIN THREE WEEKS OF BEING TAKEN
- SAMPLES WILL NOT BE ACCEPTED FOR TESTING WITHOUT A CORRECTLY COMPLETED SUBMISSION FORM
- WE RECOMMEND THAT YOU SEND SAMPLES VIA RECORDED/SPECIAL DELIVERY AND THAT YOU OBTAIN PROOF OF POSTING
- ALLFLEX UK GROUP CANNOT BE HELD LIABLE FOR ANY DELAYED OR LOST SAMPLES
- A MAXIMUM OF 10 SAMPLES WILL BE ACCEPTED AT ANY ONE TIME



Sample Date (if all samples were taken at the same time):

UK Herd Mark	Animal ID* (ear tag number)	Date of Birth	Vial Number (management tags only)	Sample Date (if different to above)
*PLEASE PLACE AN ASTERISK NEXT TO THE ANIMAL ID IF THE ANIMAL WAS BORN DEAD/HAS SUBSEQUENTLY DIED				

LABORATORY USE ONLY:



Gwaredu BVD

Allflex is committed to supporting the UK's livestock industry eradicate BVD from the national herd.