

Blood submission form

FOR LAB USE ONLY

Batch number

Date received



BVDHerdCheck

Manage disease • Protect your future

Section A: Client details

Client name*

Address*

Postcode*

Telephone*

Fax

Email*

Section B: Vet details

Vet name*

Vet practice*

Practice address*

Postcode*

Telephone*

Fax

Email*

**Denotes fields which must be completed*

Section C: Reporting

Please specify reporting preferences (all results are reported to the vet).

Please tick one

Post

Fax

Email*

Section D: Invoicing

Invoice to:

Send to:

Section E: Sample submission

Please submit samples in 6ml red cap blood tubes. Please contact NML if looking to submit blood samples in different tubes.

I certify that I have taken the samples from the herd as described on this form.

Signature (vet)

Date / /

PTO

