



BVD Annual Antibody Test Submission Form

Date received

Lab internal ref

Keeper

Keeper email must be supplied in order to receive status notifications

Keeper's name

Official address for holding

Postcode:

CPH number

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Herd number

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Keeper's email

Keeper's mobile number

Veterinary practice

Practice email must be the email registered on the BVDCymru portal

Practice name

Practice Address

Postcode:

Practice email (as registered on BVD portal)

Practice phone number

Sampling/Supervising veterinary surgeon name

MRCVS/FRCVS

Approved blood sampler name (if applicable)

Number of management groups

Date of sampling

Total number of samples submitted

Keeper/authorised personnel signature

Signatory name if not the keeper

Vet's signature

By signing this form on behalf of your organisation you are agreeing to Welsh Government's Terms and Conditions: Welsh Bovine Viral Diarrhoea Eradication Scheme Guidance (<https://www.gov.wales/welsh-bovine-viral-diarrhoea-eradication-scheme-guidance>)

