



BVD Calf Antigen

Keeper 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

		/				/				
--	--	---	--	--	--	---	--	--	--	--

Herd number

U	K						
---	---	--	--	--	--	--	--

Keeper's email

Keeper's mobile number

Veterinary practice

Practice email must be the email registered on the BVD Cymru 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)

Newborn calf

- Newborn calf test
- Newborn calf re-test
- Aborted/Still birth test

Total number of samples submitted

Keeper/authorised personnel signature

Signatory name if not the keeper

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>)

