SHEEP HEALTH SCHEME
BLOOD SUBMISSION FORM

THE MANOR HOUSE, BRUNEL ROAD,
NEWTON ABBOT, DEVON. TQ12 4PB
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SUBMITTING VET:

DATE SAMPLED:

OWNER: .....

FARM: .....

BREED: .....

PREVIOUS LAB REF: .....

SHEEP:

- HILL
- LOWLAND
- UPLAND

LABORATORY USE ONLY

- E
- C
- SG
- H
- S
- USG

OTHER: _____

	TUBE NUMBER	EAR NUMBER	AGE	SEX	MV	Johne's	BD Antibody	BD PCR: Individual (I) Pooled (P)	CLA	Trace Elements (Green top tube)	Other Test(s) Please state
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