



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 _____	H _____
C _____	S _____
SG _____	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
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
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17.											
18.											
19.											
20.											

