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| **Address for return of results**  (use additional information box for invoice address) | | | | | | |  | **Owner of the animal(s)** | | | | | |
| Name: | | Click here to enter name | | | | |  | Name: | | | Click here to enter name | | |
| Address: | | Click here to enter address | | | | |  | Address: | | | Click here to enter address | | |
|  | CPH Number: | | | Click here to enter CPH number (if known) | | |
| Country: | | Click here to enter country | | | | |  | Country: | | | Click here to enter country | | |
| Tel.: | | Click here to enter telephone number | | | | |  | Tel.: | | | Click here to enter telephone number | | |
| E-mail (required): | | Click here to enter email address | | | | |  | E-mail: | | | Click here to enter email address | | |
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| **Details of Submitter** | | | | | | | | | | | | | |
| Name (in BLOCK LETTERS): | | | Click here to enter name | | | | | | | | | | |
| Signature: | |  | | | | |  | | Date: | | Click here to select a date. | | |
| Tel.: | | Click here to enter telephone number | | | | |  | | Email: | | Click here to enter email address | | |
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| **ISO/IEC 17025 accredited tests** | | | | | | | | | | | | | |
| *Bluetongue virus* | | | | |  | ELISA *(antibody)* | | | |  |  |  | Real-time RT-PCR |
| *African horse sickness virus* | | | | |  | ELISA *(antibody)* | | | |  |  |  | Real-time RT-PCR |
| *Epizootic hemorrhagic disease virus* | | | | |  | ELISA *(antibody)* | | | |  |  |  | Real-time RT-PCR |
| *Peste-des-petits-ruminants virus* | | | | |  | ELISA *(antibody)* | | | |  |  |  | Real-time RT-PCR |
| *African swine fever virus* | | | | |  | ELISA *(antibody)* | | | |  | ELISA *(antigen)* |  | Real-time PCR |
| *Capripoxvirus* (*Lumpy skin disease virus*, *Sheeppox virus* and *Goatpox virus*) | | | | | | | | | | | |  | Real-time PCR |
| **Non-accredited tests** (by prior arrangement only) | | | | **Other tests, requirements or instructions** | | | | | | | | | |
|  | HAD | *African swine fever virus* | | Click here to enter other tests, requirements or instructions | | | | | | | | | |
|  | SNT | *Bluetongue virus* | |
|  | SNT | *Peste-des-petits-ruminants virus* | |
|  | SNT | *Capripoxvirus* | |
|  | PCR | *Capripoxvirus* differentiation | |
|  | Sequencing/ phylogenetic analysis | | |  | | | | | | | | | |

**Please note**:

The free service for analysing samples from animals suspected to be infected with the above-mentioned viruses is available for up to 50 samples per country per year (except by prior agreement) and testing is carried out on behalf of the national regulatory authority, to whom results will be copied. OIE / FAO will also be informed. Samples, virus isolates and deduced characteristics of the samples, such as genetic and antigenic data may be passed to others in order to facilitate international disease control and for the purpose of research into the development of improved disease control capabilities.

**Testing within the Non-Vesicular Reference Laboratory is subject to a 5 working day turnaround beginning the day after receipt of sample.**

**Amendments to final reports caused through illegible writing or errors made by the submitter will be subject to an administration charge.**

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| **Samples submitted**  *(Please tick the box or give details as appropriate)* | | | | | |
| Blood: |  | *EDTA (purple topped vacutainers)* | ***Please note*** *that we cannot use blood collected in green topped vacutainers (Heparin) for PCR tests* |  |  |
|  | *Serum (red topped vacutainers)* |
|  |  | | | |  |
| Swabs:  *(please specify)* | Click here to enter description of swabs | | | |  |
|  |  | | | |  |
| Tissue:  *(please specify)* | Click here to enter description of tissues | | | |  |
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| **Additional Information**  *include clinical signs, vaccination status if known, date of animal export, invoice address,* etc. |
| Click here to enter any additional information |

| **Tube Number** | **Animal** | | | **Sample type** | **Date of sampling** |
| --- | --- | --- | --- | --- | --- |
| *ID* | *Name* | *Species* |

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| **Page number** | **#** | **of** | **#** | **of pages of sample details** | *If you require space for more sample details, please duplicate pages 3 & 4 of this form as necessary.* |

| **Tube Number** | **Animal** | | | **Sample type** | **Date of sampling** |
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| *ID* | *Name* | *Species* |

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