Serum Assay Unit, The Pirbright Institute
Ash Rd, Pirbright, Woking, Surrey, GU24 0NF
http://www.pirbright.ac.uk/
Tel: +44 (0)1483 232441/231148 Fax: +44 (0) 1483 235745/232621

# Vesicular Disease Reference Laboratory

## Serological submission form

**Address for Return of Results:**

Name: ……

Address: ……..

……

Country: ……..……

Tel: ……..……

Fax: ……..……

E-mail: ……

**Owner of the animal(s):**

Name: ……

Address: ……

……

Country: ……

Tel: ……..……

Fax: ……..……

E-mail: ……

**Details of Submitter**

Name in BLOCK LETTERS: ……..……

Signature: ……  Date: …….....

Tel: ……..……  E-mail: ……..……..……

**Samples tested for:** (Please tick the box)

- Foot and Mouth Disease (FMD) ☐
- Vesicular Stomatits (VS) ☐
- Swine Vesicular Disease (SVD) ☐

**For export or import *only*:** (Please tick the box)

Export ☐ Import ☐

Country of Destination _____

Date of Export _____

Date of Sampling _____

**Test required:** (Please tick the box)

**Sample for Antibody Detection**

- Virus Neutralization Test ☐
- Liquid Phase Blocking ELISA spot test ☐
- Solid Phase Competition ELISA spot test ☐
- Liquid Phase Blocking ELISA titration ☐
- PrioCHECK Serotype O ELISA ☐
- SVD Competition ELISA ☐

**Non-Structural Protein Testing** ☐

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| Tests Requested | Tube No. | Animal species | Animal ID No. | Sample Type (serum, etc.) | Date of sampling |
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# Vesicular Disease Reference Laboratory

## Serological submission form

**Comments:**

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Please submit form to ***incoming.samples@pirbright.ac.uk*** and include a copy in your shipment.

Please address consignment to:

**Attention: Serum Assay Unit**
**The Pirbright Institute**
**Ash Road Pirbright Woking Surrey**
**GU24 ONF**