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| A logo for a company  Description automatically generated | **NON-VESICULAR REFERENCE LABORATORIES****Sample submission form** |
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| Laboratoryuse only: | Laboratory Reference |  | Date Received |  | Royal Mail / Tracking Number |  | Received By |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Submitter Ref. /Licence Application** |  |  |  | **Owner of the animal(s)** |
|  |  |  | Name: |  |  |
|  |  |  |  |  |  |
| Address: |  |
| **Address of submitter / for return of results***(use additional information box for invoice address)* |  |  |  |
| Name: |  |  |  |  |
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| Address: |  |
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|  |  | CPH Number: |  |  |
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|  |  | Grid Ref./GPS: |  |  |
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| Country: |  |  |  | Country: |  |  |
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| Tel.: |  |  |  | Tel.: |  |  |
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| E-mail: |  |  |  | E-mail: |  |  |
|  |  |  |  |  |  |  |
| Signature + Stamp: (I hereby declare that the samples are taken from the animals detailed within this submission) |  |  |  |  |  |  |
|  |  | **Additional address for return of results** |
|  |  | Address: |  |  |
|  |  |  |  |  |  |  |
| Date:  |  |  |  | E-mail: |  |  |
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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 (antigen) | [ ]  ELISA (antibody) | [ ]  Real-time PCR |
| *Capripoxvirus* (*Lumpy skin disease virus*, *Sheeppox virus* & *Goatpox virus*) | [ ]  ELISA (antibody) | [ ]  Real-time PCR |
|  |  |  |  |  |  |  |
| **Non-accredited tests** (by prior arrangement only) |  | **Other tests, requirements or instructions** |  |
|  | [ ]  HAD | *African swine fever virus* |  |  |  |
|  | [ ]  SNT | *Bluetongue virus* |  |  |
|  | [ ]  SNT | *Peste-des-petits-ruminants virus* |  |  |
|  | [ ]  SNT | *Capripoxvirus* |  |  |
|  | [ ]  PCR | *Capripoxvirus differentiation* |  |  |
|  | [ ]  Sequencing/ phylogenetic analysis |  |  |
|  |  |  |  |  |  |  |
| **Please note:** |
| Please note that the free service for analysing samples from animals suspected to be infected with non-vesicular or vesicular disease is available for up to 50 samples per country, per year, per disease (unless agreed to by prior agreement) and testing is carried out on behalf of the national regulatory authority, to whom results will be copied. WOAH/FAO will also be informed of the test results.Original samples, materials derived from the samples and sample information (such as genetic and antigenic data) may be supplied to other organisations, such as reference laboratories in order to comply with The Pirbright Institute’s expectations as a FAO and/or WOAH reference laboratory.* Pirbright will undertake appropriate tests and those as agreed in writing.
* The material provided may be added to Pirbright’s collection and may be used for research, training, quality assurance, vaccine matching and reference laboratory functions.
* Fees may apply for particular services, see website, to be confirmed by Pirbright in writing.
 |
| **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.** |
| Non-Vesicular Reference Laboratories,The Pirbright Institute, Ash Road, Woking, Surrey, GU24 0NF, UK |
| http://www.pirbright.ac.uk | +44(0)1483 232441/231148 | incoming.samples@pirbright.ac.uk |
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| **Samples submitted(Please tick the box or give details as appropriate)** |
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| 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) |  |  |
|  |  |  |  |
| Tissue:(please specify) |  |  |
|  |  |  |
|  |  |  |
| **Additional Information**include clinical signs, vaccination status if known, date of animal export, invoice address, etc. |
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|  |  |  |  |  |  |
|  | **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.* |
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| Laboratoryuse only: | Laboratory Reference |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  | **Tube Number** | **Animal** | **Sample type** | **Date of sampling** |
| *ID* | *Name* | *Species* |
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