



CAISLEY TAGS
TAG & TEST SAMPLE RETURN FORM

Batch Code:	
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**This form must be completed in full and returned each time you send samples to:
Healthcheck, NML Hillington, 32 Kelvin Avenue, Hillington, Glasgow, G52 4LT.**

Farm Details		Vet Details	
Trading Title:		Vet Practice:	
Name:		Name:	
Address:		Address:	
Postcode:		Postcode:	
Email:		Email:	
Telephone:		Telephone:	
UK Herd Mark:			
CPH:			
Results By:		Results By:	

Samples should be received at the Laboratory within 10 days of being taken.				
	UK HERD MARK	ANIMAL ID (Official Ear Tag Number)	Vial Numbers (If using management button)	SAMPLE DATE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				




Please mark the box with an X if this submission completes your calving/Tagging year.

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DEAD CALVES (OFFICIAL DAM ID REQUIRED)

	UK HERD MARK	ANIMAL ID	VIAL NUMBERS	SAMPLE DATE
1.				
2.				
3.				

Government initiative	Information	Tick as appropriate
	Scottish Producer's Only	<input type="checkbox"/> Calf Screen <input type="checkbox"/> Whole Herd Screen
	Welsh Producer's Only	<input type="checkbox"/> Newborn Calf Test <input type="checkbox"/> Newborn calf re-test
 Animal Health & Welfare NI	AHWNI Producer's Only	<input type="checkbox"/> AHWNI

Declaration by keeper

Signature:		Date samples posted:	
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FOR LABORATORY USE ONLY:- Stamp on arrival

Please tick this box if you DO NOT give permission for samples and information you submit to be shared with Scottish Government appointed research providers to support BVD eradication.