



Camelid TB Serology Package – Private Sample Submission Form

For APHA Use	
APHA Ref. No.	<input type="text"/>
Date received.	<input type="text"/>

Submit samples to Animal and Plant Health Agency (APHA) Starcross, Staplake Mount, Starcross, Exeter, Devon, EX6 8PE.

This form is only for use for private testing of animals not subject to tuberculosis movement restrictions and/or awaiting mandatory tuberculosis blood testing by Animal and Plant Health Agency (APHA).

Please submit clotted blood or serum ONLY

Clients name and Farm address	Veterinary Practice
Postcode: CPHH No.	Clinician: Your reference:

Private Veterinary Surgeons are required to confirm that they have secured written agreement to undertake this test and the sampled animals were not under TB related movement restrictions or awaiting testing by APHA at the point of sampling. Please tick to confirm

Animal Details - enter on sampling sheet

Purpose/Housing - enter the main enterprise under which the affected animals are kept

Organic? Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	In Transition <input type="checkbox"/>
Purpose Fibre <input type="checkbox"/>	Pet <input type="checkbox"/>	Zoo <input type="checkbox"/>	Open farm <input type="checkbox"/>
Housing Housed <input type="checkbox"/>	Outdoors <input type="checkbox"/>	Mixed <input type="checkbox"/>	N/A <input type="checkbox"/>
			Unknown <input type="checkbox"/>

Reason for Submission

Pre or post-movement test SER-MVT <input type="checkbox"/>	Pre-export test SER-EXP <input type="checkbox"/>
Diagnostic to exclude TB from differential diagnoses in a herd not restricted (TB not strongly suspected) SER-DIAG <input type="checkbox"/>	Monitoring - voluntary routine testing (Herd not restricted) SER-RHT <input type="checkbox"/>

Tick if a tuberculin injection has been administered to the animals 10 - 30 days before blood sampling

Clinical history (only if diagnostic)

Total No. in herd	No. in affected group	No. affected including dead	No. dead	Duration of clinical signs (in affected case)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0-3 days <input type="checkbox"/>	4 days - 2 weeks <input type="checkbox"/>
				>2 weeks <input type="checkbox"/>	Unknown <input type="checkbox"/>

Clinical Signs Please rank in order of importance e.g. 1 = main clinical sign

Wasting/poor condition <input type="checkbox"/>	Malaise <input type="checkbox"/>	Respiratory <input type="checkbox"/>	Recumbent <input type="checkbox"/>
Skin <input type="checkbox"/>	Diarrhoea <input type="checkbox"/>	Other <input type="checkbox"/>	

Clinical history/provisional diagnosis if any.

