

FOR VLA USE

VLA Ref. No.

Date received

Submissions to VLA Weybridge

ROUTINE DIAGNOSTIC SUBMISSIONS SHOULD BE SENT TO THE LOCAL REGIONAL LABORATORY USING THE SUBMISSION FORM VLA 2 OR VLA 3.

Client's name and address

West Kingston Stud Stallion Centre
Church Farm (UK-9025-EC)
West Kingston
Chippenham Postcode: **SN14 7JE**

CPHH No. **01249782050**

Previous ref. or senders ref.(if applicable)

SPECIES:

BREED:

Date sample taken

Were the animals resident in the UK at the time of sampling? Yes No

Veterinary practice

Case Veterinary Surgeon

Name and address where invoice(s) or extra copies of reports is/are to be sent if different from above

Invoice + Copy Report to:
West Kingston Stud Stallion Centre
Church Farm, West Kingston,
Chippenham SN14 7JE

Reason for testing (tick as appropriate)

- Export Destination Shipment date
 - AI Pre-entry approval (pre-quarantine)
 - Post entry tests (in quarantine)
 - Routine / Annual test
 - Exit test
 - Other please specify
- Who is responsible for payment? DEFRA Sender
- If you do not complete this question the sender will be charged. Only certain tests can be charged to DEFRA, others will be charged to the sender.**

NB: POST IMPORT TESTING SHOULD BE SUBMITTED ON FORMS SPECIFIED IN INSET 55A

Ruminant Serology	Porcine Serology	Canine Serology	Equine Serology	Avian Serology
Brucella RBT <input type="checkbox"/>	Aujeszky's ELISA <input type="checkbox"/>	Brucella canis RSA <input type="checkbox"/>	Babesia equi and caballi CFT <input type="checkbox"/>	Avian influenza AGIDT <input type="checkbox"/>
Brucella CFT <input type="checkbox"/>	Brucella RBT <input type="checkbox"/>	Brucella canis SAT <input type="checkbox"/>	Babesia equi and caballi IFAT <input type="checkbox"/>	Avian influenza HAIT <input type="checkbox"/>
Brucella SAT <input type="checkbox"/>	Brucella CFT <input type="checkbox"/>	Ehrlichia canis IFAT <input type="checkbox"/>	Dourine CFT <input type="checkbox"/>	Egg Drop Syndrome '76 HAIT <input type="checkbox"/>
Brucella ovis CFT <input type="checkbox"/>	Brucella SAT <input type="checkbox"/>	Leptospira canicola MAT <input type="checkbox"/>	Glanders CFT <input type="checkbox"/>	Newcastle Disease (PMV1) HAIT <input type="checkbox"/>
BVD ELISA <input type="checkbox"/>	Brucella cELISA <input type="checkbox"/>	Leptospira icterohaemorrhagiae MAT <input type="checkbox"/>	EIA AGIDT (Coggins) <input checked="" type="checkbox"/>	Paramyxovirus (not PMV1) HAIT <input type="checkbox"/>
BVD IPX (antigen test) <input type="checkbox"/>	Leptospira bratislava MAT <input type="checkbox"/>	For rabies testing use dedicated Submission form	EVA SNT <input checked="" type="checkbox"/>	Turkey Rhinotracheitis ELISA <input type="checkbox"/>
EBL AGIDT <input type="checkbox"/>	PRRS ELISA <input type="checkbox"/>			Duck viral Hepatitis SNT <input type="checkbox"/>
EBL ELISA <input type="checkbox"/>	PRRS IPMA (Euro strain) <input type="checkbox"/>			Duck viral Enteritis SNT <input type="checkbox"/>
IBR ELISA <input type="checkbox"/>	Swine fever ELISA <input type="checkbox"/>			Infectious Laryngotracheitis SNT <input type="checkbox"/>
Leptospira hardjo bovis MAT <input type="checkbox"/>	TGE ELISA (Differential) <input type="checkbox"/>			
Maedi visna AGIDT <input type="checkbox"/>	TGE SNT <input type="checkbox"/>			

The list above IS NOT comprehensive, please refer to the current price list for details of other tests.

If test required is not listed above please give details including TC code here

