Office use only Report Invoice #: Date sample received:

Claire E Whitehead BVM&S MS FHEA MRCVS Diplomate ACVIM (Large Animal) RVCS Specialist in Camelid Health & Production

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Camelid-Specific Cria IgG Testing: Submission Form

- CALL OR EMAIL FIRST to ensure that someone is available the next day to receive and run samples!!
- Collect a 2ml blood sample from cria(s) to be tested.
 - The blood sample must be collected into a plain (red-top) tube. Send separated serum or clotted blood in a plain tube. Serum is required for testing.

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Your vet can take the blood sample for you. Then you can send the sample directly or have your vet send it.
Make sure that the sample is properly labelled with animal name or number, farm name, and the date.

Name of Vet	
Vet Practice Name	TEN
Vet Telephone Number	
Vet Email Address (to which the report should be sent)	10
Owner ID (Farm Name OR Surname)	
Owner Email Address [<u>Only</u> provide this if you have obtained consent for us to email a copy of the results to the owner]	

Individual Animal Details

Animal ID	DOB	Gender (M/F)	Current Weight (kg)	Date of sample collection	Age of cria at time of sampling
vele		ary	JEI	vice	2
Clinical History: (include details of any colostrum supplements provided if applicable)					

Animal ID	DOB	Gender (M/F)	Current Weight (kg)	Date of sample collection	Age of cria at time of sampling
Clinical History: (include details of any colostrum supplements provided if applicable)					
	R	/			

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Clinical History: (include details of any colostrum supplements provided if applicable)		N.K.	4	12	
			/		1 /

Animal ID	DOB	Gender (M/F)	Current Weight (kg)	Date of sample collection	Age of cria at time of sampling
				•	
Clinical History: (include details of any colostrum supplements provided if applicable)	a	m	e	10	
Vete	erir	nary	Sei	rvice	S