



**PREMIUM SHEEP AND GOAT HEALTH SCHEMES**  
**MV/CAE, Johne's and EAE ACCREDITATION SCHEME**  
**MV/CAE and EAE Submission Form**  
 Please return samples to:  
 SRUC Health Schemes, Greycrook, St Boswells, TD6 0EQ



**Please use this form for:**

- Added Animals (accredited or non accredited)
- Point of Purchase Tests
- Retests

**DO NOT USE FOR QUALIFYING TESTS OR ROUTINE PERIODIC FLOCK/HERD TESTS**

**Date of Test:** .....

<b>Veterinary Practice Name and Address</b>	<b>Client Name and Postal Address</b>
<b>Clinician:</b>	<b>CPH: NUMBER(S)</b>

**Summary of Animal Test Numbers in this Test**

<b>Sheep: TOTAL</b> numbers tested	MV:	Johne's disease:		EAE:
		Blood:	Faeces:	
<b>Goats: TOTAL</b> numbers tested	CAE:	Johne's disease:		EAE:
		Blood:	Faeces:	

***Please note if you require any non Health Scheme tests we require a separate blood sample and a completed farm animal submission form***

TEST TYPE(S)	No of animals
<b>Added Animals – Accredited ANIMALS joining an accredited flock/herd:</b> (test 6-12 months after arrival on farm). List details on Page 3	
<b>Point of Purchase Test</b>	
Retest of Positive Animal(s) from the Routine Periodic Blood Test <i>Essential Ear Numbers are Listed on p6</i>	
Retest of Positive Animal(s) from the Non-Accredited Screen <i>Essential Ear Numbers are Listed on p6</i>	
Retest of Other – please specify	
<b>Other (note reason for test)</b>	

## ADDED ACCREDITED ANIMALS INCULUDED IN THIS TEST

- Please list ALL purchased, accredited animals added to the MV/CAE/EAE Accredited flock/herd since your last test **THAT HAVE NOT ALREADY BEEN TESTED**. **Note, animals must have been on your farm for at least 6 months prior to being testing but before 12 months elapses.**

	Ear No (essential)	Age	Breed	Date of Purchase	Previous Owner name and Address
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**If there is insufficient room to clearly detail all animals above please note on a separate sheet and attach to this form.**

### Declaration by Owner and Veterinary Surgeon

- 1 I have followed the rules and conditions of membership since joining the Scheme and agree to continue to abide by these rules and conditions. All information is a correct and true record.
- 2 I allow these samples to be used in the development of additional serological tests. Testing would be done on an anonymous basis and results will remain confidential.
- 3 I agree that a summary of the overall results will be provided when the results are reported. Individual results will only be reported for any sheep or goats that are found to be positive on individual testing.

**Signed: ..... Owner/Manager**

- 1 I have explained the rules of the Scheme(s) regarding farm security to my client who, to the best of my knowledge, is complying with the Rules and Conditions of the MV/CAE/EAE Accreditation Scheme.
- 2 The farm boundaries prevent nose-to-nose contact with any non-Scheme sheep.

**Signed: ..... MRCVS**

**\*For EAE Samples please list as 'A' (aborted), 'B' (barren) or 'L' lambed  
 Jd = Johne's disease (animals aged 12m and over) tested annually**

<b>Details Required for MV, Johne's disease and/or EAE Testing</b> <b>Please submit the bloods in their boxes in the same order as listed below, there will be an Administration charge if we have to re-order the bloods.</b>						<b>MV</b> <b>(✓)</b>	<b>EAE</b> <b>A/B/L</b>	<b>Jd</b>	<b>For</b> <b>Office</b> <b>Use</b>
<b>Tube N°</b>	<b>Ear N°</b>	<b>Age</b>	<b>Breed</b>	<b>Sex</b>	<b>MV ✓</b>	<b>A or B</b> <b>or L *</b>		<b>N°</b>	
					✓	A/B/L		1	
								2	
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