



Practice				Vet	
Address					
Phone			Fax		Email
Client			Farm		Date

Test	Bacteriology	<input type="checkbox"/>	Bacteriology & Sensitivity	<input type="checkbox"/>	Report Method	Email <input type="checkbox"/>	Practice Informed	Email <input type="checkbox"/>
						Fax <input type="checkbox"/>		Fax <input type="checkbox"/>
Lab use only	Client Ref			Batch No			Results On	<input type="checkbox"/>
HERD HISTORY								

COW I/D	Clinical	High SCC	Recurrent	Post t/m	Intermittent serial 1/4 test	Staph24 Selective Media	M.bovis PCR	COMPOSITE	If sample contains all 4 1/4's in one bottle please tick COMPOSITE				Individual cow history / ISCC
									FL	FR	BL	BR	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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