

Sheep Blood Test - Input Form

Complete one input form for each group tested



Date of test: / /	DHHPS code number: /
Test type (tick): Pre-Lambing (Spring) 20 animals/test <input type="checkbox"/> (Albumin, B-OHB, Copper, Magnesium, Urea-Nitrogen)	
Pre-Mating (Summer) 10 animals/test <input type="checkbox"/> (Albumin, Globulin, Copper, GSHPx, Vitamin B12)	
Farm Name and Address:	Vet:
	Practice:
	Email address:
Email address:	Nutritional advisor:
Telephone:	Email address:

Please complete ONE input form for EACH group tested	
GROUP INFORMATION:	
Group Description (e.g. ewes, rams, lambs):	Average weight (kg):
Group Breed (eg Swaledale, Blackface etc):	Currently housed? Yes / No
FEEDING:	Mineral supplementation:
Forage(s) supplied to group:	Blocks <input type="checkbox"/> Liquid <input type="checkbox"/>
Type and quantity of concentrates:	Drench <input type="checkbox"/> Bolus <input type="checkbox"/>
	Name(s):
	Date(last drench/bolus):
Last vaccination (product):	Last worm/fluke/scab treatment:
Date:	Date:
Additional information/Additional analysis requests (please contact the lab to discuss).	
PRE-LAMBING TEST ONLY:	
No. of foetuses in group: single / twin / triplet / unscanned	Weeks until lambing:

Animal/Sample ID	BCS	Foetuses
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

**PLEASE LEAVE
THIS SPACE
BLANK**