C.R.V. ACCREDITATION SCHEME - ELIZA TEST.

This form is to accompany D.P.I. Pathology Branch form A. Sheet____of____sheets.

Accreditation No.: _____

If not accredited, date joining scheme: _____

Owner: _____ Property No: _____

Address: _____

_____

_____

Total No. Of samples: _____ Date of bleeding: _____

Btl. No.	Test Result	Goats Tattoo	Goats Name	Breed	D.O.B.	Sex

Date of last test _____ Submitters Name _____

Total No. Goats on property _____ Address _____

Goats over 6 months _____ _____

Goats under 6 months _____ _____

- I have bleed the above goats and checked that bottle number and tattoo correspond.

Signature of attending Veterinary Surgeon:-_____