|  |  |
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| Department for Environment, Food and Rural Affairs  Scottish Government  Welsh Government  Animal Health Act 1981  The Brucellosis (England) Order 2015  The Brucellosis (Scotland) Order 2009  The Brucellosis (Wales) Order 2006 |  |
| **Brucellosis: Report on Investigation of Abortion or Calving** | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please use BLOCK LETTERS** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Sampling Authorisation Number | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| 1a. Name of owner | | |  | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | |
| 1b. Address of owner | | |  | | | | | | | | | | | | | | | | | | |
| Postcode: | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | |
| 1c. Tel. No. | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| 2a. Address where herd is  kept *(if different to above)* | | |  | | | | | | | | | | | | | | | | | | |
| Postcode: | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | |
| 2b. Tel. No. | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| 3. CPHH No. | | |  | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | |
| 4. Official animal identity | | |  | | | | | | | | | | | | | | | | | | |
|  | | |  | | |  |  | | | | | | | | | |  | | | | |
| 5. Age of dam *(in years)* | | |  | | | 6. | Date of abortion/calving | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| 7. Date of sampling | | |  | | | | | | | | | | | | | | | | | | |
|  | | |  | | |  | | | | |  | | |  | | |  | | | | |
| 8. Place of abortion/calving: | | | Isolation box | |  | Stall | | |  | | Yard |  | | Pasture | |  | Elsewhere | | | |  |
|  | | |  | | |  | | | | | | | | | | | | | | | |
| 9. Was the dam born: | | | Outside the UK | | | | |  | | | In Northern Ireland | | | | |  | | | | | |
|  | | |  | | |  | | | | | | | | | | | | | | | |
| 10. Is the dam in isolation? | | | Yes | |  | No | | |  |  | | | | | | | | | | | |
|  | | |  | | |  | | | | | | | | | | | | | | | |
| 11. | Sample type submitted: | | | Sample reference: | | | | | | | | | | | | | | |  | | |
|  | Blood | |  |  | | | | | | | | | | | | | | |  | | |
|  | Vaginal swab | |  |  | | | | | | | | | | | | | | |  | | |
|  | Milk | |  |  | | | | | | | | | | | | | | |  | | |
|  | Placental swab | |  |  | | | | | | | | | | | | | | |  | | |
|  | Stomach contents | |  |  | | | | | | | | | | | | | | |  | | |
|  | | |  | | |  | | | | |  | | | | | | | | | | |
| 12. Is triple testing required? | | | Yes | |  | No | | |  | |  | | | | | | | | | | |
|  | | |  | | |  | | | | |  | | | | | | | | | | |
| 13. Visit number: | | | 1 | |  | 2 | | |  | | 3 or more | |  | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | |  | | | |
| Name of sampling OV | |  | | | | | | | | |  | | | | | | | | | | |
| I certify that the OV named above who holds the OCQ(V)-ES and who has received the appropriate cascade training, collected the samples on my behalf/I collected the samples for this investigation \*delete as applicable | | | | | | | | | | | | | | | | | | | | | |
| Signature  (OCQ(V)-SS holder  only) | |  | | | | | | | | | Contact Telephone Number | | |  | | | | | | | |
|  | |  | | | | | | | | |  | | |  | | | | | | | |
| Name in  BLOCK LETTERS | |  | | | | | | | | | Date | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Practice address | |  | | | | | | | | | | | | | | | | | | | |
| Postcode: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | |

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| **Laboratory Results – to be completed by laboratory** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | Comments: | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | Sample type\* | Sample reference | | | | | | | Sample type\* | | | | | | Sample reference | | | | | |  |
|  | Blood |  | | | | | | | Placental swab | | | | | |  | | | | | |  |
|  | Vaginal Swab |  | | | | | | | Stomach contents | | | | | |  | | | | | |  |
|  | Milk |  | | | | | | |  | | | | | |  | | | | | |  |
| \**Delete if not sent* | | | | | | | | | | | | | | | | | | | | | |
|  | Lab. Ref. No. |  | | | | | | | | | Date received | | | | | |  | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | RBPT *(+ or -)* |  | | | CFT (Titre) *(+, 0 or -)* | | | | |  | | | | SAT (Titre) *(+, 0 or -)* | | | | |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | Other tests |  | | | | | | | | | | Summary culture *(+, 0 or -)* | | | | | | |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | Signature |  | | | | | | | | | | | | Date | | | |  | | |  |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | Name in BLOCK LETTERS | | |  | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| **To be completed by APHA** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |  |
|  | Date BS26 was served |  | | | | | | | | | | | | |  | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | |  |
|  | Test result: | Pass |  | | | Fail |  | Inconclusive | | | | |  | Insufficient samples/results | | | | | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | Officer sampling: | OV |  | | | APHA Veterinarian | | | | | | |  | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | Action required | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | Signature |  | | | | | | | | | | | Tel. No. | | |  | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | Name in  BLOCK LETTERS |  | | | | | | | | | | | Date | | |  | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | |

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| **DATA PROTECTION**  For information on how we handle personal data please go to [www.gov.uk](http://www.gov.uk) and search Animal and Plant Health Agency Personal Information Charter. |

APHA is an Executive Agency of the Department for Environment, Food and Rural Affairs and also works on behalf of the Scottish Government, Welsh Government and Food Standards Agency to safeguard animal and plant health for the benefit of people, the environment and the economy.

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| **HM3 Stamp** | Name: |  | Date Received: |  | WS ID: |  |