

**Vesicular Disease Reference Laboratory**  
**Serological submission form**

**Address for Return of Results:**

Name: .....

Address: .....

.....

Country: .....

Tel: .....

Fax: .....

E-mail: .....

**Owner of the animal(s):**

Name: .....

Address: .....

.....

Country: .....

Tel: .....

Fax: .....

E-mail: .....

**Details of Submitter**

Name in BLOCK LETTERS: .....

Signature: ..... Date: .....

Tel: ..... E-mail: .....

**Samples tested for:** (Please tick the box)

Foot and Mouth Disease (FMD)

Vesicular Stomatitis (VS)

Swine Vesicular Disease (SVD)

**Test required:** (Please tick the box)

**Sample for Antibody Detection**

Virus Neutralization Test

Liquid Phase Blocking ELISA spot test

Solid Phase Competition ELISA spot test

Liquid Phase Blocking ELISA titration

Cedi O ELISA

SVD Competition ELISA

**For export or import only:** (Please tick the box)

Export  Import

Country of Destination \_\_\_\_\_

Date of Export \_\_\_\_\_

Date of Sampling \_\_\_\_\_

**Non-Structural Protein Testing**



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**Comments:**

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Please submit form to [incoming.samples@pirbright.ac.uk](mailto:incoming.samples@pirbright.ac.uk) and include a copy in your shipment.

Please address consignment to:

**Attention: Serum Assay Unit**  
**The Pirbright Institute**  
**Ash Road Pirbright Woking Surrey**  
**GU24 0NF**