



DAFM All Island Equine Health Surveillance Scheme



Sample Submission Form

Please complete this form clearly and with as much information as possible.

- Samples required: 2 x nasopharyngeal swabs (one swab to be returned in dry container supplied; one swab to be returned in VTM container supplied)
2 x clotted blood sample (red top blood bottle)
1 x EDTA blood sample (purple top blood bottle)

Animal ID: Passport No.:

Type/Breed: Year of Birth: Gender: M F

Date of Sampling:

Name of Premises Where Horse is Stabled:

County:

Name of Veterinary Surgeon:

Practice Address:

I agree that the samples submitted from the above horse may be used for testing for diseases including notifiable diseases as part of the All Island Equine Health Surveillance Scheme.

Owner/

Approved Representative: Print Name Signature

Veterinary Surgeon: Print Name Signature

Please return samples with completed paperwork to: The Irish Equine Centre, Johnstown, Naas, Co. Kildare W91 RH93.

For queries relating to the All Island Equine Health Surveillance Scheme please contact the Irish Equine Centre: Phone: 045-866266; Fax 045-866273; Email: surveillance@irishequinecentre.ie