**AGRIBASE ID:**

|  |
| --- |
| **IP (or RP) no:** |

**MYCOPLASMA BOVIS RESPONSE**

**IP Slaughter Sampling**

**Submission Form - Conducted at Meatworks** Send to Oamaru

**Farm details:**

|  |  |  |
| --- | --- | --- |
| Farm owner/manager: | Slaughter plant: | Sampler name: |
| Farm address: |  | Sampler phone no.: |

**Samples at slaughter (from sampling instructions):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of sample | Number of samples | Target animals (or their marking) | Age/class of animals | Wand file used for targeting animals | Wand file of sampled animals (attached files) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Sampling Summary (number of samples):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Serum Samples |  | Tonsillar crypt swabs |  | Nasal swabs |  | Preputial swabs |  |
| Swab / milk in Friis broth  |  | Fresh tissue (describe) |  | Fixed tissue (describe) |  | Individual cow milk samples |  |