

APCAH PCR Laboratory

Asia-Pacific Centre for Animal Health The University of Melbourne Faculty of Veterinary & Agricultural Sciences 250 Princes Highway WERRIBEE VIC 3030

Email: apcah-diagnostic@unimelb.edu.au

Telephone (03) 9731 2059 Facsimile: (03) 9731 2026



<u>Laboratory use only</u>
APCAH #:
Date:
Receiver:

EQUINE HERPES VIRUS 1 (EHV-1) AND 4 (EHV-4) PCR SPECIMEN SUBMISSION FORM

Please send submissions to the above address, marked '**Refrigerate on Arrival**' and **include this form** with each specimen submitted.

- For best results submit fresh tissues chilled or on ice within 24 hrs of collection.
- > Specimens can be shipped via courier (overnight delivery) or express post (next day delivery), or can be delivered to the laboratory in person.

The APCAH laboratory takes no responsibility for results of specimens not submitted under the conditions outlined.

Date collected:	Date submitted:				
Submitted by:	Ph:				
Veterinarian:	narian: Ph:				
Clinic:		Email:			
Animal name/ID: _		Sex: M	/ F Age:	YearsMonths	
Animal owner:					
Originating laborate	ory reference number: _				
Tests requested:	EHV-1	EHV-4	Duplex EHV	-1 & EHV-4	
Clinical signs / recen	nt medications / addition	nal information:			
Reporting details					
Name:					
Company:					
Email:		Ph:			
Invoicing details					
Company:					
Attention:		ABN:			
Address:					
Fmail:		Ph∙			

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