Confirmation of testing

Carried out at a Non- SAC Laboratory

Yard member number **H**…… Yard name …….

Submitting veterinary practice……

Veterinary email ……...

Samples submitted for routine monitoring and certification under the Premium Assured Strangles Scheme should be from horses which have not shown clinical signs of infectious respiratory disease within the last three weeks, or had contact with horses showing such signs.

Clinician……...

Horse passport number	Horse name	*Owner*	*Strep. equi* ELISA Result	*Strep. equi* PCR Result	Test Date	Laboratory

Sample submission continued

Horse passport number	Horse name	*Owner*	*Strep. equi* ELISA Result	*Strep. equi* PCR Result	Test Date	Laboratory