



Equine Influenza - Media Request Form (PBGS)

Media Requested (fax to 0246 406 431)

QTY

PBGS Viral Transport Medium _____

Swabs _____

Specimen Bags _____

One Equine Influenza information pack will be supplied.

Client Requesting Media

Date Requested: _____

Name: _____

Address: _____

EMAI Office Use Only

Officer Managing Request: _____

Comments: _____

Date of Dispatch: _____

Dispatched By (Signature): _____