



Use this form when submitting horse samples for diagnostic testing associated with interstate or overseas export. Completed forms and associated samples can be submitted to the laboratory at Woodbridge Road, Menangle. For assistance completing this form contact Customer Service on 1800 675 623. For current pricing refer to the veterinary test list online at: www.dpi.nsw.gov.au/aboutus/services/das/veterinary/state-veterinary-diagnostic-laboratory-price-list

Customer No: Your Reference: Quote No: (If applicable)

SUBMITTER DETAILS

Submitter name:	ABN:
Company/Clinic:	Phone:
Postal address:	Mobile:
	Email:

EXPORT DETAILS Please note results will be report to the export agent s email address provided below

Export agent:	Phone:
Export agent email:	Fax:
Invoice to be sent to:	Export agent Submitter (Note: submitter charged if not specified)
Country of destination:	Import permit no.
Departure date:	PEQ start date:

TESTING REQUIRMENTS Please mark appropriate box(es)

Equine Infectious Anaemia (coggins) AGID	Equine Viral Arteritis (EVA) VNT	Hendra Virus ELISA
Equine Influenza PCR –nasal swabs	Equine Herpes Virus (EHV1) VNT	Strep Equine PCR (Strangles)
Equine Influenza (EIHI)	Strep Equine Culture (Strangles)	Other – Please specify:

No. of horses: Total number of samples:

Key list If more than 12 horses, attach a separate electronic key list. Note: All samples MUST have a serial sample number.

	Horse name/ID (as appears on report)	Description of horse (Breed/sex/ age/colour)	Sample collection date	Consignor or vendor's name	Property of origin address	PIC
1.						
2.						
3.						
4.						

Conditions to submitting samples for testing:

1. Samples must be received at the laboratory at least seven (7) days before the stated export departure date.
2. NSW DPI makes NO representation that the test results will be available before the stated export departure date.
3. NSW DPI takes NO responsibility for any costs related to a delayed departure should test results not be available by the stated departure date.

DECLARATION

By ticking this box, I have read and agree to the NSW DPI Laboratory Services Terms and Conditions that can be accessed at www.dpi.nsw.gov.au or provided to you by contacting our Customer Service Unit.

By signing below, I declare that i am authorised to request analysis of the samples listed above

Name: Signature: Date:

LAB USE ONLY	Virology (HOLD_VIROL)	<input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> I <input type="checkbox"/> E <input type="checkbox"/> Other:	QA
Bacto Fridge (HOLD_BACTO)	Virol – 80 (HOLD-80_VR)	<input type="checkbox"/> URGENT <input type="checkbox"/> After hours approved <input type="checkbox"/> Same day approved	
Bacto – 80 (HOLD-80)	SR Fridge (SRD_HOLD_4)	<input type="checkbox"/> Frozen <input type="checkbox"/> Thawed <input type="checkbox"/> Esky return <input type="checkbox"/> Pg 1 only <input type="checkbox"/> No/incorrect ID's	
SR Room (SRD_HOLD)	SR Freezer (HOLD-20)	Total samples received:	Sample condition:

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5.						
6.						
7.						
8.						
9.						
10						
11						
12						