

COHORT

Bovine Carcass Collection and Sample Submission Form for TSE Surveillance of Fallen Cattle Aged Over 48 Months

Please select material type **Category 1** – For Disposal Only **Category 2** – Not For Animal Consumption

FOR COMPLETION BY COLLECTOR

Collectors Job or Ref No.

Time and Date of Notification

Cable Tie Ref.

Ear Tag No.

Date of Birth

PRODUCER'S DETAILS

CPH No.

Name

Address
If carcass not at this address, please give details in Special Info Section

Tel. No.

Mobile No.

Animal born or imported into the UK after July 1996 Yes No

Movement Card Attached Yes No

Sex of Animal M F

Animal Alive Yes No

Time and Date of Death

Reason for Death
If known

Special Info

COLLECTOR DETAILS

Company Name

Company Address

Company Tel. No.

Time and Date of Collection

Driver Name and Signature

FOR COMPLETION AT SAMPLING SITE

Sampling Site Name

ABP Approval No.

Sampling Site Address

Tel. No.

Hide ID No.
If applicable

Sampling Site Reference No.

ATTACH BARCODE LABEL HERE

Date and Time of Sample Collection

If Not Sampled, Give Reason

Sampler Name and Signature

Date Sent to Lab