

Bovine Carcase 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 carcase not at this address, please give details in Special Info Section

Tel. No.

Movement Card Attached Yes ☐ No ☐
Animal Alive Yes ☐ No ☐
Sex of animal M ☐ F ☐

Clinical History (must tick a box as appropriate)

Changes in behaviour Yes ☐ No ☐ NK ☐
Sensitive to touch/sound Yes ☐ No ☐ NK ☐
Uncoordinated Yes ☐ No ☐ NK ☐
Other Neurological Signs Yes ☐ No ☐ NK ☐

(NK* – not known)

Time and Date
of Death

Reason for
Death *If known*

Special Information (e.g. VICs Submission ID)

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