



**APPLICATION TO BVD IMPLEMENTATION GROUP FOR LABORATORY DESIGNATION FOR  
PROVISION OF BVD TEST RESULTS IN THE NATIONAL BVD ERADICATION PROGRAMME**

Laboratory Proprietor full legal name: Laboratory Trade/Business Name: Address:    Contact Name: Contact phone no: Contact e-mail:	<b>Return to:</b> Animal Health Ireland Main Street Carrick-on-Shannon Co. Leitrim
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Tests/sample types for which designation is requested (please tick):

Test	Sample type			
	Ear punch	Blood	Individual milk	Pooled/bulk tank milk
BVD virus detection by ELISA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BVD virus detection by RTPCR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detection of antibodies to BVDV by ELISA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I apply on behalf of the above Laboratory for designation of the Laboratory for provision of BVD Test results in the National BVD Eradication Programme.

I **CONFIRM** I have read the Laboratory Designation Criteria and the General Terms and Conditions of Participation/Designation in the National BVD Eradication Programme and I hereby now make on behalf of the Laboratory the warranties and acknowledgements contained in those General Terms and Conditions and in consideration of and in the event of this application being granted, as duly authorised Director/Agent/Principal on behalf of the Laboratory, I **AGREE AND ACCEPT** to be bound by and observe the Designation Criteria and the Terms and Conditions of Participation/Designation and repeat and confirm the warranties and acknowledgements contained in the Terms and Conditions and I **UNDERTAKE** to comply with all requirements contained therein.



In support of this I enclose the following:

*Documentary evidence of appropriate accreditation for each of these tests/sample types including details of test kits and evidence of their approval by Central Veterinary Research Laboratory (CVRL) of the Department of Agriculture, Food and Marine, acting in its statutory capacity as National Reference Laboratory for BVD*

**AND**

*A description of the laboratory procedures and protocols that will be used to create and transfer result files to the ICBF database, providing details for each of the following:*

- a. the processes (both manual and computer automated) that will be used to compile the results file
- b. The validation processes that will be performed on the results file prior to transfer
- c. The file transfer procedure
- d. Validation of the file transfer

**AND**

*Details of the contingency/emergency plan in place in the laboratory to ensure continuity of supply of laboratory services, to include the timescales to implement the plan, the minimum number of samples per day that the plan provides for and where relevant a letter/contract from another designated laboratory verifying a commitment to provide this service.*

**AND**

*Details of participation in an external, independent and (if available) accredited proficiency test scheme, including all results for the previous twelve months.*

Please indicate if your laboratory is currently designated to provide BVD testing to the Northern Ireland BVD Eradication programme.

Yes       No

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position in laboratory: \_\_\_\_\_

Date: \_\_\_\_\_