

PLEASE ALSO INCLUDE YOUR IZVG PATHOLOGY SUBMISSION FORM

COMMERCIAL DOCUMENT FOR MOVEMENT OF ANIMAL BY-PRODUCTS

CATEGORY 1 BY-PRODUCTS

Name and address of premises of origin:	
Name and address of transporter:	
Name and address of destination:	IZVG Pathology Station House, Parkwood Street Keighley, West Yorkshire BD21 4NQ ABP registration: U1263798/ABP/OTHER
Quantity and description:	Specimen(s) of a pet, zoo, circus or experimental animal. Please list (species):

Signature of responsible person:

Name (PRINT in capitals):

Date:/...../.....

1 copy to be retained by premises of origin, 1 copy to be retained by transporter and 1 copy to be retained by IZVG Pathology for 2 years.