



## FMD Vaccine Matching Strain Differentiation Report

Lab Reference WRL batch Number: WRLFMD/2014/00025

Sender Details:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Date Received: 10/07/2014

Country of Origin: SRI LANKA

Date Reported: 26<sup>th</sup> September 2014

2dmVNT				
Field Isolates:	Vaccines:			
	O 3039	O Manisa	O Taw98	O Tur 5/09
O Srl 01/13 (mean)	0.39	0.23	0.66	0.79
O Srl 01/14 (mean)	0.53	0.29	0.66	0.86

Results Approved By:

Official Stamp:

[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Date: 26/9/2014

[REDACTED]

To help us improve the quality of our service, please send any suggestions or requests to the Reference Laboratory by fax (+44 (0)1483 232621) or email (trish.ryder@pirbright.ac.uk). The Pirbright Institute actively seeks and appreciates feedback, if you would like to offer feedback please complete the WRLFMD survey: <http://www.surveymonkey.com/s/WRLFMD>

## **Interpretation of Results**

### **In the case of Virus Neutralisation Test (VNT):**

$r_1 = \geq 0.3$ . Suggests that there is a close relationship between field isolate and vaccine strain. A potent vaccine containing the vaccine strain is likely to confer protection.

$r_1 = < 0.3$ . Suggests that the field isolate is so different from the vaccine strain that the vaccine is unlikely to protect.

ND = Not done.

10/02/14  
10/02/14  
10/02/14

FMD Type:

O

Date Reported:

SAU Batch No:

R41/2014

Report no: SD41/14					
Field Isolate:	SAU Isolate ref:	O 3039	O Manisa	O Taw98	O Tur 5/09
O Srl 01/13	B366/14	1778/1686p	UV pool	1748pool	MSD
		fail	0.24	0.43	0.95
		0.39	0.21	0.89	0.62
		0.42			
		0.37			
WRL Batch No: WRLFMD/2014/00025		0.39	0.23	0.66	0.79
O Srl 01/14	B369/14	fail	0.35	0.39	0.81
		0.76	0.23	0.93	0.91
		0.37			
		0.46			
WRL Batch No: WRLFMD/2014/00025		0.53	0.29	0.66	0.86
Receiving Officer/s					
Dr D King Dr. A Ludi Ms T. Ryder Ms S. Belgrave					

2dmVNT				
Field Isolates:	Vaccines:			
	O 3039	O Manisa	O Taw98	O Tur 5/09
O Srl 01/13 (mean)	0.39	0.23	0.66	0.79
O Srl 01/14 (mean)	0.53	0.29	0.66	0.86

## LABORATORY TESTING

Ash Road, Pirbright, Surrey, GU24 0NF, UK

Tel: +44 (0)1483 232441 Fax: +44 (0)1483 232448

Email: enquiries@pirbright.ac.uk

Website: www.pirbright.ac.uk

Lab Reference: A134/14

Report Date: 26/09/2014

Sender: Lisa Durham, DYFFRYN TYWI EQUINE CLINIC,  
LLETTY FARM, NANTGAREDIG, NANTGAREDIG,  
Carmarthenshire, SA32 7NP, PHONE - 01267290890,  
FAX - 01267290929

Owner: Jones, Llwyn Bedw, Ffairfach, Llandeilo,  
phone: 01558823405

Results to: SENDER

Sender Reference:

Number Tested: 3

Rebleed: NO

Date Received: 26/09/2014

Country of Origin UNITED KINGDOM

Species: EQUINE

Date Tests Completed: 26/09/2014

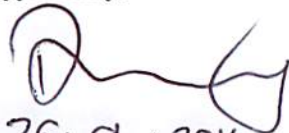
Tests Requested: AHS INGENASA ELISA\* SOPs - NVR-ARB-019

<u>Sample Number</u>	<u>Animal Id</u>	<u>Sampling Date</u>	<u>Other Details</u>	<u>AHSab ELISA*</u>	<u>Final Result</u>
A134/14-001	Yasmina	25/09/2014	EQUINE, SERUM	NEG	NEG
A134/14-002	Psyamenia	25/09/2014	EQUINE, SERUM	NEG	NEG
A134/14-003	Nur El Huda	25/09/2014	EQUINE, SERUM	NEG	NEG

Results approved by:

Official stamp:

Signed:



DR DONALD KING  
HEAD: Vesicular Disease  
Reference Laboratories  
The Pirbright Institute  
GU24 0NF

Date: 26/9/2014

To help us improve the quality of our service, please send any suggestions or requests to the Reference Laboratory by email (trish.ryder@pirbright.ac.uk)

POS = Positive, NEG = Negative, INC = Inconclusive, NVD = No nucleic acid detected

\* ISO/IEC 17025 accredited test - UKAS accredited testing laboratory No. 4025.

LAB BATCH REF: A134/14

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SUBMISSION REF: IAHB/2014/00484

## NON VESICULAR REFERENCE LABORATORIES

### Sample submission form

**Address for Return of Results:**

Name: Lisa Durham

Address: Dyffryn Tywi Equine Clinic  
Lletty Farm  
Nantgaredig  
Carms

Country: SA32 7NP

Tel: 01267 290890

Fax: www.waleshorsevets.com

E-mail: \_\_\_\_\_

**Owner of the animal(s):**

Name: Jones

Address: Llwyn Bedw,  
Ffairfach, Mundeilo

Country: CARMS

Tel: 01558 823405

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Details of Submitter**

Name in BLOCK LETTERS: LISA DURHAM MRCVS

Signature: A. Mellor Date: 11/9/14

Tel: 01267 290890 E-mail: as above

**Samples tested for:** (Please tick the box)

African horse sickness (AHS)	<input checked="" type="checkbox"/>
Bluetongue (BT)	<input type="checkbox"/>
Epizootic hemorrhagic disease (EHD)	<input type="checkbox"/>
Equine encephalosis virus (EEV)	<input type="checkbox"/>
Lumpy skin disease	<input type="checkbox"/>
Sheep and goat pox	<input type="checkbox"/>
African Swine Fever (ASF)	<input type="checkbox"/>
Peste de petits Ruminant (PPR)	<input type="checkbox"/>

**Test required:** (Please tick the box)

ELISA (Ab detection)	<input checked="" type="checkbox"/>
Antigen ELISA	<input type="checkbox"/>
PCR	<input type="checkbox"/>
SNT	<input type="checkbox"/>

Other/ Additional instructions:

**Please note** that the free service for analysing samples from animals suspected to be infected with the above-mentioned viruses is available for up to 50 samples per country per year (except by prior agreement) and testing is carried out on behalf of the national regulatory authority, to whom results will be copied. OIE / FAO will also be informed. Samples, virus isolates and deduced characteristics of the samples, such as genetic and antigenic data may be passed to others in order to facilitate international disease control and for the purpose of research into the development of improved disease control capabilities.

A134/14 No (Legal) head NO.

Non vesicular reference laboratories, The Pirbright Institute  
Ash Rd, Woking, Surrey, UK, GU24 0NF  
<http://www.pirbright.ac.uk/>

Tel: +44 (0)1483 232441/231148 Fax: +44 (0) 1483 235745/232621



# NON VESICULAR REFERENCE LABORATORIES

## Sample submission form

Samples submitted (Please tick the box)

Blood: EDTA   
Serum

Skin biopsy:

Swabs (Please Specify): .....

Tissue: Liver   
Lung   
Lymph node   
Spleen

Other:

Tube No.	Animal species	Animal ID No.	Sample Type	Age	Date of sampling
1	Equine	Yasmina	Serum		25/9/14
2	"	Byamenia	"		"
3	"	Nur El Huda	"		"

### NON VESICULAR REFERENCE LABORATORIES

#### Sample submission form

#### Clinical signs and Comments:

Dotted lines for text entry.