

Lab. Ref. No:				BRUCELLOSIS TEST REPORT						Page no: ____ of ____	
Date received:				Number of serum samples:		Collection date:		Species: Bovine			
								Oth: specify			
Test requested:		Routine	Export		Diagnostic	Infected herd	Herd Maintenance		Vaccination History		
		RBT	CFT	SAT	CFT ALL	Surveillance	1 st	2 nd	Annual		
Owner: (Name & Business)				Test method/s used:				Vacc date:			
Farm/ Diptank:				FOR LABORATORY USE ONLY				Unknown		Unvacc.	
Name:		No:						As heifer according to prescription		RB51	
Address:				Sender:				Adult vaccination		RB51 Strain 19	
				Address:				Type of herd			
Local Municipal area:								Beef		Dairy	
District:								Test dates:			
Tel. No:		Fax No:		Tel. No:		Fax No:		RBT:			
Email:				Email:				CFT:			
Geographical Position:				CA File Ref. No:				SV Office:			
E : : S : :								SV Tel No:			
								SV Fax No:			
Sample no: (Bottle no)	Animal no/Identification/Description	RBT +/P = Pos -/N = Neg	CFT (IU/ml)	SAT (IU/ml)	Interpretation	Sample no: (Bottle no)	Animal no: /Identification/Description	RBT +/P = Pos -/N = Neg	CFT (IU/ml)	SAT (IU/ml)	Interpretation
1						1					
2						2					
3						3					
4						4					
5						5					
6						6					
7						7					
8						8					
9						9					
0						0					
1						1					
2						2					
3						3					
4						4					
5						5					
6						6					
7						7					
8						8					
9						9					
0						0					
1						1					
2						2					
3						3					
4						4					
5						5					
6						6					
7						7					
8						8					
9						9					
0						0					
FINAL COMMENTS											
RBT:			CFT:			RBT:			CFT:		
TESTED BY:		READ BY:		DATE:		TESTED BY:		DATE:			
AUTHORISED BY:		NAME:			SIGN:			DATE:			
SV Interpretation:								DATE:			

Note: The(se) result(s) apply only to the sample(s) that were tested, as received from the client.

Client(s) information and sample(s) information is indicated as received from the client(s). This test report shall not be reproduced except in full.