

Bovine <i>Brucella abortus</i> Milk Ring test (MRT) SEROLOGY SUBMISSION FORM AND REPORT
THIS TEST IS ONLY A SCREENING TEST FOR LACTATING CATTLE AND ONLY BULK MILK SAMPLES CAN BE TESTED.
PLEASE COMPLETE THIS FORM IN FULL. SAMPLES WILL NOT BE RELEASED FOR TESTING UNTIL FULL SENDER AND OWNER INFORMATION IS PROVIDED.
NOTE: Client information and test results will be disclosed to the national executive officer, state veterinary services or external auditors subject to the Animal Diseases Act, Act No. 35, 1984, the Meat Safety Act, Act No. 40 of 2000 or the requirements of external auditing or assessment bodies performing auditing activities.

FOR LAB USE ONLY:			LAB REF
Fee:	Date received:	RPO:	
Sender code		Owner code	

FOR WESTERN CAPE STATE VETERINARY SERVICE USE ONLY: Indicate purpose for official testing for account purposes		
Official surveillance: <input type="checkbox"/>	Official Disease investigation: <input type="checkbox"/>	Small holder farmer: <input type="checkbox"/>

SENDER INFORMATION					OWNER INFORMATION		
SENDER REFERENCE:					Name & surname of responsible person:		
Name & surname of responsible person:					Company name:		
Company / Clinic / Practice name:					Farm name or Street Address:		
Street address:					Town:		Postal code:
Town:		Postal code:			Physical location (GPS)		Longitude (E):
Postal Address:							Latitude (S):
Town:		Postal code:			Postal Address:		
Tel:		Cell :			Town:		Postal code:
Email:					Tel:		Cell:
State Vet (SV) Office:					SV Tel:		Cell:
SV Area:					SV Email:		
REPORT BY EMAIL TO:	Owner <input type="checkbox"/>	Sender <input type="checkbox"/>	*Other <input type="checkbox"/>	* Report to Other:	Name:		
					Tel/Cell:		Email:
ACCOUNT TO:	Owner <input type="checkbox"/>	Sender <input type="checkbox"/>	*Other <input type="checkbox"/>	* Account to Other:	Name:		Postal address:
					Town:		Postal code:
					Tel / Cell:		Email:
Purpose of sampling:		Diagnostic <input type="checkbox"/>					

Number of milk samples submitted:	Date milk collected from tank(s):
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Bovine <i>Brucella abortus</i> Milk Ring test (MRT) SEROLOGY REPORT						
No	COMPULSORY INFORMATION Please complete for the State Veterinarian					FOR LABORATORY USE ONLY
	Sample No/ ID Code	Owner	Farm Name	Supplier/ Tank No	Herd size	MRT Result
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

For Laboratory use only			
Name: _____		Name: _____	
Signature: _____	Report Date: _____	Signature: _____	Date: _____
AUTHORISED SIGNATORY		STATE VETERINARIAN	
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). Opinions and interpretations expressed herein are outside the scope of SANAS accreditation. This test report shall not be reproduced except in full.			Page of

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No	COMPULSORY INFORMATION Please complete for the State Veterinarian					FOR LABORATORY USE ONLY
	Sample No/ ID Code	Owner	Farm Name	Supplier/ Tank No	Herd size	MRT Result
1						
2						
3						
4						
5						
6						
7						
8						
9						
0						
1						
2						
3						
4						
5						
6						
7						
8						
9						
0						
1						
2						
3						
4						
5						
6						
7						
8						
9						
0						
1						
2						
3						
4						
5						
6						
7						
8						
9						
0						

For Laboratory use only

Name: _____ Name: _____

Signature: _____ Report Date: _____ Signature: _____ Date: _____

AUTHORISED SIGNATORY **STATE VETERINARIAN**

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