

**Brucella ovis / Brucella melitensis SEROLOGY SAMPLE SUBMISSION FORM AND REPORT**

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:**

Fee:	Date received:	RPO:	<b>LAB REF</b>
Sender code	Owner code		

**FOR WESTERN CAPE STATE VETERINARY SERVICE USE ONLY: Indicate purpose for official testing for account purposes**

Official surveillance:  Official Disease investigation:  Small holder farmer:

SENDER INFORMATION					OWNER INFORMATION				
<b>SENDER REFERENCE:</b>					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:		Tel: Cell:		
Email:					Tel:		Email:		
State Vet (SV) Office:		SV Area:			SV Tel:		Cell:		
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:		Postal code:
					Tel / Cell:		Town:		Postal code:
					Email:				
Purpose of sampling:	Diagnostic <input type="checkbox"/>	Export <input type="checkbox"/>	Species	Ovine <input type="checkbox"/>	Caprine <input type="checkbox"/>	Specify other species:			

Type of specimens submitted: \_\_\_\_\_ No. of specimens: \_\_\_\_\_ Date collected: \_\_\_\_\_

**TEST REQUIRED: (PLEASE INDICATE BELOW)**

Brucella ovis CFT  Brucella melitensis RBT  Brucella melitensis CFT

**Brucella ovis / Brucella melitensis SEROLOGY REPORT**

Sample no.	Animal No.	FOR LABORATORY USE ONLY			Sample no.	Animal No.	FOR LABORATORY USE ONLY		
		B.ovis CFT	B.mel. RBT	B.mel. CFT			B.ovis CFT	B.mel. RBT	B.mel. CFT
1					1				
2					2				
3					3				
4					4				
5					5				
6					6				
7					7				
8					8				
9					9				
0					0				

**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

**Brucella ovis / Brucella melitensis SEROLOGY REPORT**

		FOR LABORATORY USE ONLY					FOR LABORATORY USE ONLY		
Sample no.	Animal No.	B.ovis CFT	B.mel. RBT	B.mel. CFT	Sample no.	Animal No.	B.ovis CFT	B.mel. RBT	B.mel. CFT
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				
1					1				
2					2				
3					3				
4					4				
5					5				
6					6				
7					7				
8					8				
9					9				
0					0				

<b>For Laboratory use only</b>	
Name: _____	Name: _____
Signature: _____	Signature: _____
Report Date: _____	Date: _____
<b>AUTHORISED SIGNATORY</b>	<b>STATE VETERINARIAN</b>
<p><b>Note:</b> 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.</p>	
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