

SAMPLE SUBMISSION FORM

PLEASE READ THE TERMS AND DISCLAIMER AT THE BACK OF THIS FORM BEFORE ATTEMPTING TO COMPLETE THIS FORM, FAILURE TO COMPLY WITH THE REQUIREMENTS MAY LEAD TO DELAYS IN PROCESSING AND TESTING OF SAMPLES OR SAMPES MAY BE REJECTED.

Sender Ref:		Date:		Lab No:		Time delivered:			
SENDER	TITLE	INITIALS	SENDER/PERSON/ ORGANISATION RESPONSIBLE FOR THE ACCOUNT		TITLE	INITIALS			
Surname:			Surname:						
Clinic/Company Name:			Clinic/Company Name:						
Postal address:			Postal address:						
			E-mail:						
Tel:			Fax:		Tel:			Fax:	
Mobile number:			E-mail:		SIGNED			Fax: NAME PRINTED	
Please note: DALRRD will not consider payment for any controlled disease tests if this section is not completed in full and motivation is completed on back of form. Abuse of this constitutes fraud. The State Veterinarian will be copied on the results.			OWNER (IF APPLICABLE)		TITLE		INITIALS		
STATE VETERINARIAN		TITLE		INITIALS		Surname:			
Surname:		Physical address:							
Postal address:									
		Province							
Province and State Vet Area:		Surveillance program:		Tel:		Fax:			
Tel:		Signature of State Vet:		Registered farm name and number:			Town /Village		
Fax:				Coordinates:		East:		South:	
Email:		Form should also display official SV stamp							
ANIMAL/S				TEST(S) REQUIRED					
Species:									
Number of animal sampled and microchip number:									
Microchip type:									
Age:									
Sex: Male / Female (neutered/spayed)									
Export of Pets that require : Name: Breed: Colour: Date of birth: Add separate page if needed.									
Type of specimen/s:				Purpose for testing: (E.g. surveillance/ suspected outbreak/outbreak, export, etc.) (Mandatory field)					
Number of specimen/s:				Collection date:					
FOR OFFICE USE ONLY Authorised for DALRRD payment (Control and notifiable diseases only)									
Name:		Signature:			Date:		Official DALRRD stamp		

HISTORY, VACCINATION HISTORY AND MOTIVATION

In case of FMD samples also complete, Animal History and Microchip number for each animal - **Please submit details on a separate form if space provided is not sufficient**

TERMS

1. All fields highlighted in **BOLD BLACK INK** are **Mandatory requirements and no testing or processing of samples will commence prior to full completion.**
2. Note that this document serves as a **legally binding contract between** the ARC-OVR and the sender, who will be held liable for payments of the account if not otherwise instructed.
3. **The person responsible for the account must complete their details and sign the form.**
4. All samples submitted for testing must be accompanied by **this sample submission form**, which is available on the ARC Website, you may also attach additional information or cover letter where relevant.

DISCLAIMER

1. Please note that the ARC-OVR will NOT disclose information or test results to anyone without obtaining a written authorisation from the client/customer unless prohibited by law, if a controlled or notifiable animal disease is detected results will be shared with the state vet and DALRRD without customers consent in terms of the Animal disease act, 1984 (Act No 35 of 1984)
2. For specific statutory requirements and testing for export/ import purposes microchip numbers of samples must be provided. (This information may be provided in a separate word/ excel form from client)
3. The ARC-OVR reserves the right to NOT test samples that arrive in poor condition unsuitable for the required test.
4. The ARC-OVR will NOT be liable for sample loss or damage whilst in transit to the Institution.
5. When samples are received at the diagnostics registration unit, it does NOT guarantee that samples will be suitable for testing at the respective laboratories
6. ONLY upon receiving and confirmation of payments will your samples be processed/ tested.
7. The test results remains the intellectual property of the ARC-OVR and may be used in scientific publications.
8. The data cannot be used for publication by others without the consent of the institute.
9. The identity of the animal and owner will not be revealed in scientific publications.
10. The turnaround times of tests may differ due to different test methods used and laboratory testing schedules, please refer to the DIAGNOSTICS Price booklet
11. Enquiries for test results should be directed to the specific laboratory contact centres, ensure that you have the Job/ Reference number available. (Refer to DIAGNOSTICS Price booklet)

CHECK LIST FOR RECEIVING SAMPLES (FOR OFFICE USE ONLY)		
Sample type	Quantity	Condition of sample
Total		

Date Received: _____ **Time Received:** _____ **Received by:** _____