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| AFRICAN BUFFALO *Brucella abortus* SEROLOGY SAMPLE SUBMISSION FORM  |
| **DISCLAIMER:**1. Client information and test results will be disclosed to the national executive officer, state veterinary services, sub-contractors, referral laboratories 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, assessment bodies performing auditing activities.
2. The laboratory reserves the right not to accept and test unsuitable samples. The laboratory does not accept responsibility for sampling or damage of samples en route to the laboratory. Recommended specimen submission guidelines can be obtained from the laboratory.
3. The laboratory reserves the right not to test the samples if the Sample Submission form is not completed in full. **SAMPLES WILL NOT BE RELEASED for testing UNTIL full SENDER / SUBMITTER and OWNER information IS provided.**
4. **\* The sender / submitter will be held responsible for the account if not otherwise instructed.**
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| **FOR LABORATORY USE ONLY*:*** | ***LAB REF*** |
| Fee: | Date received: |  | RPO: |
| **FOR WESTERN CAPE STATE VETERINARY SERVICE USE ONLY*: Indicate purpose for official testing for account purposes*** |
| *Official surveillance:* [ ]  | *Official Disease investigation:* [ ]  | *Small holder farmer:* [ ]  |

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| **SENDER / SUBMITTER INFORMATION** | **OWNER INFORMATION** |
| **SENDER REFERENCE** |  | **Title** |  | **Initials** |  |
| **Title** |  | **Initials** |  | **Surname** |  |
| **Surname:** |  | **Company** |  |
| **Clinic / Practice / Company** |  | **Farm name** |  |
| **Street address** |  | **Registered Farm number** |  |
| **Town** |  | **Postal code** |  | **Street / postal address** |  |
| **Postal Address** |  | **Town** |  | **Postal code** |  |
|  |  | **GPS coordinates** | **East (Longitude):** |  |
| **Town** |  | **Postal code** |  |  | **South (Latitude):** |  |
| **Tel** |  | **Tel:** |  |
| **Cell** |  | **Cell:** |  |
| **Email** |  | **Email:** |  |
| **STATE VETERINARIAN**  | **State Vet Area** |  | **Province** |  |
| **Initials** |  | **Surname** |  | **Tel** |  |
| **Email** |  | **Cell** |  |
| **REPORTS (please indicate where reports are to be sent to)***Reports will be sent by email, please indicate a valid email**NOTE: reports will be sent to the State Veterinarian* | **\* ACCOUNTS (please indicate person / company responsible for the account)***Invoices will be sent by email, please indicate a valid email* |
| SENDER  |[ ]  **OTHER** (*where permission is granted to send results to other party, please enter details below)* |[ ]  SENDER  |[ ]  **OWNER**  |[ ]  **OTHER** *(please enter details below)* |[ ]
|  |  |  |  | Initials |  | **Surname** |  |
| Initials |  | **Surname** |  | **Postal Address** |  |
|  |  |  |  | **Town** |  | Postal code |  |
| Tel |  | **Cell** |  | **Tel** |  | **Cell** |  |
| Email |  | **Email** |  |

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| **Test(S) required *(Please indicate below)*** |
| *Brucella abortus RBT* [ ]  | *Brucella abortus CFT* [ ]  | *NOTE: B. abortus SAT is not tested at our laboratory* |

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| **SPECIMEN INFORMATION *(Please indicate below)*** |
| **Purpose of sampling:**  | Diagnostic | [ ]   | Export  | [ ]   | **Species:** | African Buffalo | **No. serum specimens:** |  | **Date of sampling:** |  |

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| AFRICAN BUFFALO ***Brucella abortus* SEROLOGY SAMPLE SUBMISSION FORM (Continued)** |
|  | ***FOR LABORATORY USE ONLY*** |
| **Sample no.** | **Animal ID / Microchip Number:** | ***B. abortus* RBT** | ***B. abortus* CFT** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 0 |  |  |  |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 0 |  |  |  |

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| For Laboratory use only |
| **RBT:**  |  | READ BY: |  | DATE: |  | **CFT:** |  | DATE: |  |
| TESTED BY: | TESTED BY: |
|  AUTHORISED BY (LAB VETERINARIAN):  | 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). 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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| AFRICAN BUFFALO ***Brucella abortus* SEROLOGY SAMPLE SUBMISSION FORM (Continued)** |
|  | ***FOR LABORATORY USE ONLY*** |
| **Sample no.** | **Animal ID / Microchip Number:** | ***B. abortus* RBT** | ***B. abortus* CFT** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 0 |  |  |  |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
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| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 0 |  |  |  |

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| --- |
| For Laboratory use only |
| **RBT:**  |  | READ BY: |  | DATE: |  | **CFT:** |  | DATE: |  |
| TESTED BY: | TESTED BY: |
|  AUTHORISED BY (LAB VETERINARIAN):  | 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). Opinions and interpretations expressed herein are outside the scope of SANAS accreditation. This test report shall not be reproduced except in full. | **Page** |  | **of** |  |