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**WESTERN CAPE PROVINCIAL VETERINARY LABORATORY : STELLENBOSCH**

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**BR5**

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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | | | | | 1st | | 2nd | | | Annual | | |
| **Owner: (Name & Business)** | | | | | | | | | | | | | | | **Test method/s used:**  EACH LABORATORY TO COMPLETE | | | | | | | | | | | | | | | | | Vacc date: | | | | | |
| Unknown | | | Unvacc. | | |
| **Farm/ Diptank:** | | | | | | | | | | | | | | | As heifer according to prescription | | | RB51 | | |
| Name: | | | | | | | | | | No: | | | | | Strain 19 | | |
| **Address:** | | | | | | | | | | | | | | | **Sender:** | | | | | | | | | | | | | | | | | Adult vaccination | | | RB51 | | |
| Strain 19 | | |
| Address: | | | | | | | | | | | | | | | | | **Type of herd** | | | | | |
| Beef | | | | Dairy | |
| Local Municipal area:  District: | | | | | | | | | | | | | | | **Test dates:** | | | | | |
| RBT: | | | | | |
| Tel. No: | | | | | | | Fax No: | | | | | | | | Tel. No: | | | | | | | | Fax No. | | | | | | | | | CFT: | | | | | |
| Email: | | | | | | | | | | | | | | | Email: | | | | | | | | | | | | | | | | | SAT: | | | | | |
| Geographical Position:  **E** : :  **S** : : | | | | | | | | CA File Ref. No: | | | | | | | **SV Office:** | | | | | | | | | | | | | SV Tel No: | | | | | | | | | |
| Email: | | | | | | | | | | | | | 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 | | |  | | | | | | | |  | | |  |  | | |  |
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| 0 |  | | | | | | | | | |  | | |  |  | |  | | 0 | | |  | | | | | | | |  | | |  |  | | |  |
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| 0 |  | | | | | | | | | |  | | |  |  | |  | | 0 | | |  | | | | | | | |  | | |  |  | | |  |
| **FINAL COMMENTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RBT:** | |  | | | | READ BY: | | | | | | | | | | DATE: | | | | | **CFT:** | | | |  | | | | | | DATE: | | | | | | |
| TESTED BY: | | TESTED BY: | | | |
| AUTHORISED BY: | | | | NAME: | | | | | | | | | | | | | | SIGN: | | | | | | | | | DATE: | | | | | | | | | | |
| **SV Interpretation:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | DATE: | | | | | | | | | | |

**NOTE:** The(se) test result(s) apply only to the sample(s) that were tested, as received from the client. All client and sample information is reported as provided. Opinions and interpretations expressed herein are outside the scope of SANAS accreditation. This report shall not be reproduced except in full.