

### SAMPLE SUBMISSION FORM

**DISCLAIMER:**

- 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.
- 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.
- 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.**
- The sender / submitter will be held responsible for the account if not otherwise instructed.

**FOR LAB USE ONLY:**

Fee:	Date received:	RPO:	<b>LAB REF</b>
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**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 / SUBMITTER INFORMATION							OWNER INFORMATION							
<b>SENDER REFERENCE:</b>							<b>Name &amp; surname of responsible person:</b>							
<b>Name &amp; surname of responsible person:</b>							<b>Company name:</b>							
<b>Company / Clinic / Practice name:</b>							<b>Farm name:</b>							
<b>Street address:</b>							<b>Street Address:</b>							
<b>Town:</b>			<b>Postal code:</b>				<b>Town:</b>			<b>Postal code:</b>				
<b>Postal Address:</b>							<b>Physical location (GPS)</b>		<b>Longitude (E):</b>					
									<b>Latitude (S):</b>					
<b>Postal Address:</b>							<b>Postal Address:</b>							
<b>Town:</b>			<b>Postal code:</b>				<b>Town:</b>			<b>Postal code:</b>				
<b>Tel:</b>			<b>Cell:</b>				<b>Tel:</b>			<b>Cell:</b>				
<b>Email:</b>							<b>Email:</b>							
<b>State Vet (SV) Office:</b>		<b>SV Area:</b>					<b>SV Tel:</b>			<b>Cell:</b>				
							<b>SV Email:</b>							
<b>REPORT BY EMAIL TO:</b>		<input type="checkbox"/> Owner	<input type="checkbox"/> Sender	<input type="checkbox"/> *Other	<input type="checkbox"/> * Report to Other:		<b>Name:</b>							
							<b>Tel/Cell:</b>		<b>Email:</b>					
<b>ACCOUNT TO:</b>		<input type="checkbox"/> Owner	<input type="checkbox"/> Sender	<input type="checkbox"/> *Other	<input type="checkbox"/> * Account to Other:		<b>Name:</b>		<b>Postal address:</b>					
							<b>Tel / Cell:</b>		<b>Town:</b>		<b>Postal code:</b>			
									<b>Email:</b>					
<input type="checkbox"/> Bovine	<input type="checkbox"/> Ovine	<input type="checkbox"/> Porcine	<input type="checkbox"/> Equine	<input type="checkbox"/> Caprine	<input type="checkbox"/> Avian Poultry	<input type="checkbox"/> Avian Ostrich	<input type="checkbox"/> Avian (Other) specify:	<input type="checkbox"/> Canine	<input type="checkbox"/> Feline	<input type="checkbox"/> Fish / Shellfish	<input type="checkbox"/> OTHER SPECIES Specify:	<input type="checkbox"/> Age of animal:	<input type="checkbox"/> F	<input type="checkbox"/> M

<b>Type and number of specimens submitted:</b>		<b>Date sample collected:</b>
<b>Purpose of sampling:</b>	Diagnostic <input type="checkbox"/> Export <input type="checkbox"/> Vaccination <input type="checkbox"/> Research <input type="checkbox"/> Movement (AHS) <input type="checkbox"/>	

TEST/S REQUIRED (PLEASE INDICATE BELOW)																	
<b>SEROLOGY</b>				<b>BACTERIOLOGY</b>				<b>POSTMORTEM EXAMINATION (NECROPSY) *</b>									
<i>Brucella abortus</i> (MRT)				<input type="checkbox"/>	General aerobic culture and identification				<input type="checkbox"/>	<i>Fee charged per animal unless indicated otherwise. *Additional laboratory testing and fees at external laboratories may be applicable for samples submitted to the laboratory for necropsy.</i>							
<i>Brucella abortus</i> (RBT, CFT)				<input type="checkbox"/>	General anaerobic culture and identification (aero-tolerant anaerobes only)				<input type="checkbox"/>								
<i>Brucella ovis</i> (CFT)				<input type="checkbox"/>	<i>Salmonella</i> spp. only				<input type="checkbox"/>								
<i>Brucella melitensis</i> (RBT)				<input type="checkbox"/>	<i>Brucella</i> spp. only				<input type="checkbox"/>	Adult large animal (Cattle, horses, pigs, reptiles, wildlife, exotics, marine mammals, etc.)							
<i>Brucella melitensis</i> (CFT)				<input type="checkbox"/>	Antibiogram				<input type="checkbox"/>	Small and immature animals (small stock, dogs, cats, immature animal or wildlife, reptiles, exotics marine mammal etc.)							
Influenza A virus antibody (ELISA); HI will be tested on all positive samples				<input type="checkbox"/>	<b>BIOCHEMISTRY</b>				<input type="checkbox"/>	Foetus examination (Brucellosis investigation ONLY)							
Newcastle Disease Virus: HI				<input type="checkbox"/>					Serum Gamma globulin (IgG)				<input type="checkbox"/>	Foetus examination (Brucellosis, plus additional testing *)			
<b>VIROLOGY (excluding PCR)</b>				<input type="checkbox"/>	Haematocrit (PCV)				<input type="checkbox"/>	Ostrich (adult)							
Virus Isolation				<input type="checkbox"/>	pH (e.g. rumen, water)				<input type="checkbox"/>	Ostrich (immature) fee charged per 1-5 ostriches							
<b>PCR (Molecular)</b>				<input type="checkbox"/>	<b>PARASITOLOGY</b>				<input type="checkbox"/>	Poultry, birds fee charged per 1-5 birds							
Avian Influenza Virus; further testing will be done on all positive samples for subtypes H5 & H7				<input type="checkbox"/>					Fish / Shell fish (molluscs, bi-valves), call out fee charged				<input type="checkbox"/>	Fish, fee charged per 1-10			
African Horse Sickness Virus				<input type="checkbox"/>					After Hours / Insurance case – all species				<input type="checkbox"/>				
<b>HISTOPATHOLOGY</b>				<input type="checkbox"/>	Faecal egg & oocyst count				<input type="checkbox"/>	<b>FOR LAB USE ONLY:</b>  PM DATE:  Notes:							
Process, stain & examine (H & E)				<input type="checkbox"/>	Faecal flotation test (qualitative)				<input type="checkbox"/>								
Process & stain only (H & E)				<input type="checkbox"/>	Fluke egg detection (conical & liver)				<input type="checkbox"/>								
Examination; second opinion/research (pre-stained slides)				<input type="checkbox"/>	Sheep scab				<input type="checkbox"/>								
Additional special stain(s) – please specify under Additional information/requests				<input type="checkbox"/>	Cryptosporidium oocyst detection				<input type="checkbox"/>								
<b>ADDITIONAL INFORMATION / REQUESTS: (HISTORY, SPECIMEN, SAMPLING INFORMATION, ETC.)</b>																	
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