

SAMPLE SUBMISSION FORM

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:	LAB REF
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						
SENDER REFERENCE:						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):			Postal Address:			
Town:			Postal code:			Town:			Postal code:			
Tel:			Cell :			Tel:			Cell:			
Email:						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:			Email:			
						Tel/Cell:						
ACCOUNT TO:	Owner <input type="checkbox"/>	Sender <input type="checkbox"/>	Other <input type="checkbox"/>	* Account to Other:		Name:			Postal address:			
						Tel / Cell:			Town: Postal code:			
						Email:						
Bovine	Ovine	Porcine	Equine	Caprine	Avian Poultry	Avian Ostrich	Avian (Other) specify:	Canine	Feline	OTHER SPECIES please specify:	Age of Animal	Sex
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			M <input type="checkbox"/> F <input type="checkbox"/>

Type and number of specimens submitted: _____ **Date collected:** _____

Purpose of sampling: Diagnostic Export Vaccination Research Movement (AHS)

TEST/S REQUIRED (PLEASE INDICATE BELOW)

SEROLOGY	BACTERIOLOGY	POSTMORTEM EXAMINATION (NECROPSY) *
<i>Brucella abortus</i> (MRT) <input type="checkbox"/>	General aerobic culture and identification <input type="checkbox"/>	* Additional laboratory testing and fees at external laboratories may be applicable for samples submitted to the laboratory for necropsy.
<i>Brucella abortus</i> (RBT, CFT) <input type="checkbox"/>	General anaerobic culture and identification (aero-tolerant anaerobes only) <input type="checkbox"/>	Large animal (adult) (cattle, horse, pig) fee charged per animal <input type="checkbox"/>
<i>Brucella ovis</i> (CFT) <input type="checkbox"/>	<i>Salmonella</i> spp. only <input type="checkbox"/>	Small stock, immature large animal, dog, cats fee charged per animal <input type="checkbox"/>
<i>Brucella melitensis</i> (RBT) <input type="checkbox"/>	<i>Brucella</i> spp. only <input type="checkbox"/>	Foetus examination (Brucellosis investigation ONLY) fee charged per foetus <input type="checkbox"/>
<i>Brucella melitensis</i> (CFT) <input type="checkbox"/>	Antibiogram <input type="checkbox"/>	Foetus examination (Brucellosis, plus additional testing *) fee charged per foetus <input type="checkbox"/>
Influenza A (ELISA); HI will be tested on all positive samples <input type="checkbox"/>	BIOCHEMISTRY	
Newcastle Disease Virus: HI <input type="checkbox"/>	Serum / Plasma: Cu <input type="checkbox"/> Zn <input type="checkbox"/>	Ostrich (adult) fee charged per ostrich <input type="checkbox"/>
	Serum: Gamma globulin (IgG) <input type="checkbox"/>	Ostrich (immature) fee charged per 1-5 ostriches <input type="checkbox"/>
	Blood: Haematocrit (PCV) <input type="checkbox"/>	Poultry, birds fee charged per 1-5 birds <input type="checkbox"/>
VIROLOGY (excluding PCR)	Liver, Kidney: Cu <input type="checkbox"/> Fe <input type="checkbox"/> Zn <input type="checkbox"/> Mn <input type="checkbox"/>	Reptiles, exotic animals fee charged per animal <input type="checkbox"/>
Virus Isolation <input type="checkbox"/>	Feed: Cu <input type="checkbox"/> Fe <input type="checkbox"/> Zn <input type="checkbox"/> Mn <input type="checkbox"/>	Aquaculture (Fish, Abalone, Oysters Sea Urchins) Contact lab for recommended sample number <input type="checkbox"/>
PCR (Molecular)	Bone (Ash): Cu <input type="checkbox"/> Fe <input type="checkbox"/> Zn <input type="checkbox"/> Mn <input type="checkbox"/>	
Avian Influenza Virus <input type="checkbox"/>	pH (e.g. rumen, water): <input type="checkbox"/>	
Newcastle Disease Virus <input type="checkbox"/>		
African Horse Sickness Virus <input type="checkbox"/>		
PARASITOLOGY	TOXICOLOGY	HISTOPATHOLOGY
Faecal egg & oocyst count <input type="checkbox"/>	Nitrites / Nitrates spot test <input type="checkbox"/>	Process, stain & examine (H & E) <input type="checkbox"/>
Faecal flotation test (qualitative) <input type="checkbox"/>	Ryegrass toxicity screening <input type="checkbox"/>	Process & stain only (H & E) <input type="checkbox"/>
Fluke egg detection (conical & liver) <input type="checkbox"/>		Additional special stain(s) <input type="checkbox"/>
Sheep scab <input type="checkbox"/>		

ADDITIONAL INFORMATION : HISTORY, SPECIMEN AND SAMPLING INFORMATION

Continue on back of page if more space is needed=>