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| 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.** |

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| **FOR LAB USE ONLY*:*** | | | | ***LAB REF*** | |
| *Fee:* | *Date*  *received:* |  | *RPO:* |
| **Sender code** |  | | **Owner code** | |  |

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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 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 | | | Sender | | | | ∞Other | | ∞ **Report to Other:** | | **Name:** | | | | | | | | | | | | |
| **Tel/Cell:** | | | | | **Email:** | | | | | | | |
| **ACCOUNT TO:** | | Owner | | | Sender | | | | \*Other | | \* Account to Other: | | **Name:** | | | | | **Postal address:**  **Town: Postal code:** | | | | | | | |
| **Tel /**  **Cell:** | | | | | **Email:** | | | | | | | |
| Bovine | Ovine | | Porcine | | | Equine | | | Caprine | Avian Poultry | | Avian Ostrich | | | Avian (Other) specify: | Canine | Feline | | | OTHER SPECIES please specify: | | | | Age of Animal | Sex |
|  |  | |  | | |  | | |  |  | |  | | |  |  |  | | |  | | | |  | **M**  **F** |

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| **Type and number of specimens submitted:** | |  | **Date collected:** |
| **Purpose of sampling:** | **Diagnostic**  **Export**  **Vaccination**  **Research**  **Movement (AHS)** | |  |

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