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| 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.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FOR LAB 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:* | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **SENDER / SUBMITTER INFORMATION** | | | | | | | | | | | | | | | | **OWNER INFORMATION** | | | | | | | | | | |
| **SENDER REFERENCE:** | | | | | | | | | | | | | | | | **Name & surname of**  **responsible person:** | | | | | | | | | | |
| **Name & surname of**  **responsible person:** | | | | | | | | | | | | | | | | **Company name:** | | | | | | | | | | |
| **Company / Clinic /**  **Practice name:** | | | | | | | | | | | | | | | | **Farm name:** | | | | | | | | | | |
| **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 | | Fish / Shellfish | | OTHER SPECIES  Specify: | | Age of animal: | F  M |
|  |  |  | |  | | |  | | | |  | |  |  | | |  | |  | |  | |  | |  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| TEST/S REQUIRED (PLEASE INDICATE BELOW) | | | | | |
| **SEROLOGY** | | **BACTERIOLOGY** | | **POSTMORTEM EXAMINATION (NECROPSY) \***  *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.* | |
| *Brucella abortus* (MRT) |  | General aerobic culture and identification |  |
| *Brucella abortus* (RBT, CFT) |  | General anaerobic culture and identification  (aero-tolerant anaerobes only) |  |
| *Brucella ovis* (CFT) |  | *Salmonella* spp. only |  |
| *Brucella melitensis* (RBT) |  | *Brucella* spp. only |  | Adult large animal (Cattle, horses, pigs, reptiles, wildlife, exotics, marine mammals, etc.) |  |
| *Brucella melitensis* (CFT) |  | Antibiogram |  | 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* |  |  | |
| Newcastle Disease Virus: HI |  | **BIOCHEMISTRY** | | Foetus examination (Brucellosis investigation ONLY) |  |
| Serum Gamma globulin (IgG) |  | Foetus examination (Brucellosis, plus additional testing \*) |  |
| **VIROLOGY (excluding PCR)** | | Haematocrit (PCV) |  | Ostrich (adult) |  |
| Virus Isolation |  | pH (e.g. rumen, water) |  | Ostrich (immature) *fee charged per 1-5 ostriches* |  |
| **PCR (Molecular)** | |  | | Poultry, birds *fee charged per 1-5 birds* |  |
| Avian Influenza Virus; *further testing will be done on all positive samples for subtypes H5 & H7* |  |  | | Fish, *fee charged per 1-10* |  |
| African Horse Sickness Virus |  | **PARASITOLOGY** | | Fish / Shell fish (molluscs, bi-valves), *call out fee charged* |  |
| **HISTOPATHOLOGY** | | Faecal egg & oocyst count |  | After Hours / Insurance case – all species |  |
| Process, stain & examine (H & E) |  | Faecal flotation test (qualitative) |  | **FOR LAB USE ONLY*:*** | |
| Process & stain only (H & E) |  | Fluke egg detection (conical & liver) |  | *PM DATE:* | |
| Examination; second opinion/research  *(pre-stained slides)* |  | Sheep scab |  |
| Additional special stain(s) – *please specify under Additional information/requests* |  | *Cryptosporidium* oocyst detection |  | *Notes:* | |
| **Additional information / requests: *(HISTORY, Specimen, sampling information, etc.)*** *Continue on back of page if more space is needed* | | | |
|  | | | |