

# SUBMISSION FORM FOR PCR SAMPLE TESTING

FM 003

Faculty of Veterinary Science



Veterinary Genetics Laboratory  
Room 1-27, Old Faculty Building  
University of Pretoria  
Private Bag X04  
Onderstepoort 0110, South  
Africa Tel +27 12 529 8068  
Email [erc@up.ac.za](mailto:erc@up.ac.za)

UP Client Number		Lab number	
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SENDER DETAILS		OWNER DETAILS	
Practice Name:		Name:	
Veterinarian:		Address:	
Address:			
		Town:	Code:
Tel no:		Contact no:	
Email:		GPS Co-ordinates: S:	E:
Signed		State Vet Area:	
		State Vet Name:	

SAMPLES	
Type of samples:	<input type="checkbox"/> Blood (EDTA) <input type="checkbox"/> Dry Swabs <input type="checkbox"/> Organs
Purpose of testing:	<input type="checkbox"/> Diagnostic <input type="checkbox"/> Movement <input type="checkbox"/> Other (details in history)
Test(s) Required: African horse sickness virus and Equine encephalosis virus Equine herpes virus (EHV1 & 4) Equine piroplasmiasis (T.Equi & B.Caballi)	
Date collected:	
History:	

ANIMAL DETAILS:					SPECIES:	
NO	NAME	YR OF BIRTH	SEX	BREED	MICROCHIP NO	LAB NO
1						
2						
3						
4						
5						

6						
7						
8						
9						
10						

**Physical Address:** Veterinary Genetics Laboratory  
Room 1-27 Old Faculty Building  
Faculty of Veterinary Science  
University of Pretoria  
M35 Old Soutpan Road  
Onderstepoort  
0110

**For a current price list please email [erc@up.ac.za](mailto:erc@up.ac.za)**

#### Disclaimer

1. The laboratory reserves the right not to test the samples if the Sample Submission form has not been completed in full as REQUIRED BY DALRRD. **ALL FIELDS ARE MANDATORY AND MUST BE COMPLETED WITH EVERY SUBMISSION.**
2. The laboratory reserves the right to refuse the acceptance and testing of unsuitable samples (including samples not labelled, empty or damaged, incorrect or expired tube or container).
3. The Laboratory does not accept responsibility for the damage of samples in route to the Diagnostic Registration office.
4. The acceptance of samples by the laboratory does not guarantee the suitability of submission for testing.
5. The Laboratory reserves the right to refuse testing if the client's account is not paid in full.
6. The sender will be held responsible for the account if not otherwise instructed.
7. Should someone other than the sender be responsible for payment the relevant contact details (including email address) and signature should appear on the form.
8. By signing the submission form you also give consent to the following: During assessments or inspections by regulating bodies e.g. **SANAS** and **DALRRD**, your information may be viewed by the assessors. Third party confidentiality agreements are always signed prior to viewing your information and where it is shared with third parties, we will seek to share the minimum necessary
9. The turnaround time for samples will be 5 working days from the day after the sample was received.
10. The samples will be retained for 30 days from when the submission was received.
11. The method DT004 will be used to test all AHSV/EEV samples.