



**Veterinary Genetics Laboratory**  
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UNIVERSITEIT VAN PRETORIA  
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VGL\_Form\_002  
**Veterinary Genetics Laboratory – Molecular Diagnostics**  
**Faculty of Veterinary Science**  
**University of Pretoria - Onderstepoort**

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**SUBMISSION FORM for Real-time PCR SAMPLE TESTING**

Sender Ref:		Date:		Lab No:		Time delivered:	
<b>OWNER</b>	TITLE:	INITIALS:	<b>SENDER</b>		TITLE	INITIALS	
Surname:			Surname:				
Address:			Address:				
Code:			Code:				
GPS Coordinates (format?):			Email:				
State Vet Area			Tel: ( )		Fax: ( )		
Tel: ( )			Fax: ( )		<b>SIGNED</b>		
Cell:			E-mail:				
<b>ANIMAL</b>	Specie:			<b>HISTORY</b>	Date of Sampling:		
Name:			(please provide details explaining the reason for testing and relevant symptoms observed)				
Ref. No.:							
Breed:							
Age:							
Sex:							
AHS vaccination status if applicable:							
<b>TEST(S) REQUIRED</b>			<b>Sample Type:</b>				
African horse sickness virus &			<b>Organs (Lung, Spleen) – AHSV / EEV</b>		<input type="checkbox"/>		
Equine encephalosis virus (EEV) – PCR Yes <input type="checkbox"/> No <input type="checkbox"/>			<b>EDTA Blood (Purple top ONLY) – AHSV / EEV / Piro / EHV</b>		<input type="checkbox"/>		
Equine herpes virus (EHV 1 & 4) – PCR Yes <input type="checkbox"/> No <input type="checkbox"/>			<b>Organs (Lung, Placenta) – EHV</b>		<input type="checkbox"/>		
Equine Piroplasmiasis– (T-Equi & B-Cab) - Yes <input type="checkbox"/> No <input type="checkbox"/>			<b>Organ Swabs (cytobrush) – AHSV / EEV / EHV</b>		<input type="checkbox"/>		
			<b>Nasal Swabs (cotton dry swab) – EHV</b>		<input type="checkbox"/>		

**Vaccinated: Yes**  **No**

Date of last vaccination: \_\_\_\_\_

## Disclaimer

1. The Equine Research Centre reserves the right to refuse the acceptance and testing of unsuitable samples.
2. The Equine Research Centre does not accept responsibility for the damage of samples en route to the Diagnostic Registration office.
3. The acceptance of samples at Diagnostic Registration office does not guarantee the suitability of samples for testing.
4. The Equine Research Centre reserves the right not to test the samples if the Sample Submission form has not been completed in full.
5. The Equine Research Centre reserves the right to refuse testing if the client's account is overdue for more than sixty (60) days.
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.

**In case of more than one animal per owner please provide their full details below. Please provide a separate submission form for animals owned by different owners.**

**Details required: Name, Age, Sex, Breed, Microchip Number (If applicable)**

NO	NAME	AGE	SEX	Breed	Microchip No.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**Cost: The cost of initial test is R500.00 (Vat incl.) for each sample. Any additional testing required on the same sample will cost R300.00 (Vat incl.).  
PLEASE NOTE: Should the proof of payment not accompany the sample an additional R50.00 administration fee will be charged.**

**Banking Details:**

<b>Bank:</b>	<b>ABSA</b>
<b>Account number:</b>	<b>2140000038</b>
<b>Branch:</b>	<b>Hatfield</b>
<b>Branch code:</b>	<b>335545</b>
<b>Reference:</b>	<b>Practice name/ A7324</b>