

WESTERN CAPE PROVINCIAL VETERINARY LABORATORY: STELLENBOSCH

Private Bag X5020, Stellenbosch, 7599 Helderfontein, Helshoogte Road tel: +27 21 808 7510

www.elsenburg.com | www.westerncape.gov.za

Bovine Brucella abortus Milk Ring test (MRT) SEROLOGY SUBMISSION FORM AND REPORT

THIS TEST IS ONLY A SCREENING TEST FOR LACTATING CATTLE AND ONLY BULK MILK SAMPLES CAN BE TESTED.
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.

						forming auditing ac					
FOR LAB USE ONLY:											
Fee: Date received:						RPO:	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: ☐											
		CEND	ER INFORI	MATION				OWNER INFORMA	TION		
SENDE	D DEE		EK INFORI	WATION		Name & surr	ame of resn	onsible person:	TION		
SENDER REFERENCE:							•	onsible person.			
Name & surname of responsible person: Company / Clinic / Practice name:							Company name: Farm name or Street Address:				
Street address:							Town: Postal code:				
						TOWII.	Longitude (E):				
Town: Postal code: Postal Address:						Physical loca	Physical location (GPS) Latitude (S):				
						Postal Addre	Postal Address:				
Town:			Po	ostal code:		Town:			Postal code:		
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State V	et (SV)					SV Tel:		Cell:			
Office:	0. (0.)	8	SV Area:			SV Email:					
DEDODI	- DV	Ourser	Condor	°Other □	∞ Damant	Name:					
REPORT EMAIL T		Owner	Sender		[∞] Report to Other:	Tel/Cell:	I/Cell: Email:				
			_	_		Name:	D,	ostal address:			
ACCOUN	NT	Owner	Sender	_	* Account	Name.		own:	Postal code:		
TO:					to Other:	Tel /	Eı	nail:			
Purpos	se of					Cell:	<u> </u>				
sampli			Diagnostic								
Numbe	er of m	nilk sampl	les submit	ted:			Date	milk collected from	n tank(s):		
Bovine Brucella abortus Milk Ring test (MRT) SEROLOGY REPORT											
				COM	DI II SORV	INFORMATIO	RMATION FOR LABORATORY				
			PI					USE ONLY			
No				case coi	nplete for the State Veterinarian			ul Haud	332 31121		
	Comm	ala Nia/	Owner		_	M	Supplie		MRT Result		
		ple No/	Ow	ner	Fa	arm Name			MRT Result		
		ole No/ Code	Ow	ner	Fa	arm Name	Tank N		MRT Result		
1			Ow	ner	Fa	arm Name			MRT Result		
2			Ow	ner	Fa	arm Name			MRT Result		
			Ow	ner	Fa	arm Name			MRT Result		
2			Ow	ner	Fa	arm Name			MRT Result		
2			Ow	ner	Fa	arm Name			MRT Result		
2 3 4 5			Ow	ner	Fa	arm Name			MRT Result		
2 3 4 5 6			Ow	ner	Fa	arm Name			MRT Result		
2 3 4 5 6 7			Ow	ner	Fa	arm Name			MRT Result		
2 3 4 5 6 7 8			Ow	ner	Fa	arm Name			MRT Result		
2 3 4 5 6 7 8 9			Ow	ner	Fa	arm Name			MRT Result		
2 3 4 5 6 7 8			Ow	ner	Fa	arm Name			MRT Result		
2 3 4 5 6 7 8 9	ID	Code		ner	Fa	arm Name			MRT Result		
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2 3 4 5 6 7 8 9 10	borato	ory use or		ner	Fa		Tank N				
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2 3 4 5 6 7 8 9 10 For La Name:	borato	ory use or	nly	Report	Date:	Nar	ne:	STATE VETER	Date:		
2 3 4 5 6 7 8 9 10 For La Name:	borato	ory use or	THORISED ly to the sample	Report SIGNATO	Date: DRY tested, as receive	Nar Sig	ne:	STATE VETER and sample(s) information is	Date:		
2 3 4 5 6 7 8 9 10 For La Name:	borato	Dry use or AUT ult(s) apply on the client(s). C	THORISED ly to the sample	Report SIGNATO	Date: DRY tested, as receive	Nar Sig	ne:	STATE VETER	Date:		
2 3 4 5 6 7 8 9 10 For La Name: Signat	borato	Dry use or AUT ult(s) apply on the client(s). C	THORISED ly to the sample	Report SIGNATO	Date: DRY tested, as receive	Nar Sig	ne:	STATE VETER and sample(s) information is	Date:		

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Document no.: P – SR – F - 002 EDITION 11	Page 1 of 2



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FOR LABORATORY

Bovine Brucella abortus Milk Ring test (MRT) SEROLOGY REPORT

COMPULSORY INFORMATION

No		USE ONLY						
140	Sample No/ ID Code	Please comp	Farm Na		Supplier/ Tank No	Herd size	MRT Result	
1								
2								
3								
4								
5								
6								
7								
8								
9								
0								
1								
2								
3								
4								
5								
6								
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For Lal	boratory use	only						
Name: Name:								
Signati	ure:A	Report Date UTHORISED SIGNATORY	te:	Sig	nature:S	TATE VETERIN	Date: ARIAN	
Note: The(se) result(s) apply only to the sample(s) that were tested, as received from the client. Client(s) information and sample(s) information is indicated as received from the client(s). Opinions and interpretations expressed herein are outside the scope of SANAS accreditation. This test report shall not be reproduced except in full. Page of								
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