

## 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.**

**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:**

Fee:	Date received:	RPO:	<b>LAB REF</b>
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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 / SUBMITTER INFORMATION					OWNER INFORMATION		
<b>SENDER REFERENCE:</b>					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:
Postal Address:					Physical location (GPS)		Longitude (E):
					Latitude (S):		
Postal Address:					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:		
<b>REPORT BY EMAIL TO:</b>	Owner <input type="checkbox"/>	Sender <input type="checkbox"/>	Other <input type="checkbox"/>	* Report to Other:	Name:		
						Tel/Cell:	Email:
<b>ACCOUNT TO:</b>	Owner <input type="checkbox"/>	Sender <input type="checkbox"/>	Other <input type="checkbox"/>	* Account to Other:	Name:		Postal address:
						Tel / Cell:	Town:
						Email:	

**Purpose of sampling:**      Diagnostic

**Number of milk samples submitted:**      **Date milk collected from tank(s):**

## Bovine *Brucella abortus* Milk Ring test (MRT) SEROLOGY REPORT

No	COMPULSORY INFORMATION Please complete for the State Veterinarian					FOR LABORATORY USE ONLY
	Sample No/ ID Code	Owner	Farm Name	Supplier/ Tank No	Herd size	MRT Result
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**For Laboratory use only**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Report Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORISED SIGNATORY**      **STATE VETERINARIAN**

**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.

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	Sample No/ ID Code	Owner	Farm Name	Supplier/ Tank No	Herd size	MRT Result
1						
2						
3						
4						
5						
6						
7						
8						
9						
0						
1						
2						
3						
4						
5						
6						
7						
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7						
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9						
0						
1						
2						
3						
4						
5						
6						
7						
8						
9						
0						

<b>For Laboratory use only</b>	
Name: _____	Name: _____
Signature: _____	Signature: _____
Report Date: _____	Date: _____
<b>AUTHORISED SIGNATORY</b>	<b>STATE VETERINARIAN</b>
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