

## WESTERN CAPE PROVINCIAL VETERINARY LABORATORY: STELLENBOSCH

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

## Brucella ovis / Brucella melitensis SEROLOGY SAMPLE SUBMISSION FORM AND REPORT

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.

Sender code Sender services Sender REFERNOE Sender REFERNOE Name & surname of responsible person: Company funite Sender services Sure address: Farm amame or Street Address: Fown: Postal code: Fown: Postal code: Fown: Postal dodress: Fown: Fown: Postal dodress: Fown: Fown: Postal dodress: Fown:	FOR LAB USE ONLY:											
Sender code	Fee:	= ****			,	RPO:	LAB RE	F				
SENDER REFERENCE:												
Official Disease investigation:   Sender Information   Sender Informat								purposes				
Name & surname of responsible person:												
Name & surname of responsible person:		SEND	ER INFORI	MATION					OWNER IN	FORMATIO	N	
Farm name or Street Address:	SENDER RE					N	ame & surna				•	
Town:	Name & sur	name of resp	onsible per	son:		С	ompany nam	e:				
Postal Address:			ce name:			F	arm name or	Street Add	lress:			
Postal Address:		ess:				T	own:				ostal code:	
Postal code:	-		Po	ostal code:		Р	hysical locati	on (GPS)				
Town:	POSIAI AUUI	ess.				Ь	ostal Address	••	Latitude	(5):		
Email:   Email:   State Vet (SV)   SV Area:   SV Tel:   SV Felix	Town:		Po	ostal code:						Po	ostal code:	
State Vet (SV) Office:   SV Area:   SV Ten.   SV Email:   SV Ema	Tel:		Cell :			T	el:		Cell			
Sy Area   Sy Email:     Sy Email:     Sy Email:     Sy Email:     Sy Email:     Sy Email:   Sy Email	Email:					Е	mail:					
No. of specimens   Service   Servi		V) ,	SV Area			S	V Tel:			Cell:		
REPORT BY   Color	Office:		1	T	T							
Name	_											
Account   To:	EMAIL 10:			Ш	to Other:							
	ACCOUNT	Owner	Sender	*Other	*	Name:					Postal code:	
Purpose of sampling: Diagnostic    Export   Species    Caprine    Specify other species:    Type of specimens submitted:	TO:	_		_				E	mail:			
TEST REQUIRED: (PLEASE INDICATE BELOW)   Brucella ovis CFT	Purpose of	sampling:	Diagnostic	L Expor	t ☐ Sp		Ovine	Caprine	e ☐ Spec	cify other spec	cies:	
TEST REQUIRED: (PLEASE INDICATE BELOW)   Brucella ovis CFT	Type of sp	ecimens su	bmitted:			N	o. of specin	nens:		Date collect	ted:	
Brucella ovis CFT	711			TES	TREQUIRE							
Sample   Animal No.   B.ovis   B.mel.   CFT   RBT   CFT   No.   Animal No.   CFT   RBT   CFT	Brucella ovis	CFT						AIL BLL		ella melitensi	is CFT	
Sample   Animal No.   B.ovis   B.mel.   CFT   RBT   CFT   No.   Animal No.   CFT   RBT   CFT												
Sample   no.			Bru	ıcella ov	ris / Bruce	ella m	elitensis S	SEROLO	OGY REP			
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   Page							elitensis (	SEROLO	OGY REP	ORT	_	USE ONLY
2	Sample		FOR	LABORA	TORY USE	ONLY				ORT FOR LAB	BORATORY	
3		Animal No	FOR B.o	LABORA vis B.	TORY USE	ONLY .mel.	Sample			ORT FOR LAB B.ovis	BORATORY B.mel.	B.mel.
	no.	Animal No	FOR B.o	LABORA vis B.	TORY USE	ONLY .mel.	Sample no.			ORT  FOR LAB  B.ovis	BORATORY B.mel.	B.mel.
5	no. 1 2	Animal No	FOR B.o	LABORA vis B.	TORY USE	ONLY .mel.	Sample no.			ORT  FOR LAB  B.ovis	BORATORY B.mel.	B.mel.
	no. 1 2 3	Animal No	FOR B.o	LABORA vis B.	TORY USE	ONLY .mel.	Sample no. 1 2 3			ORT  FOR LAB  B.ovis	BORATORY B.mel.	B.mel.
7	no. 1 2 3 4	Animal No	FOR B.o	LABORA vis B.	TORY USE	ONLY .mel.	Sample no. 1 2 3 4			ORT  FOR LAB  B.ovis	BORATORY B.mel.	B.mel.
8	no. 1 2 3 4 5	Animal No	FOR B.o	LABORA vis B.	TORY USE	ONLY .mel.	Sample no. 1 2 3 4 5			ORT  FOR LAB  B.ovis	BORATORY B.mel.	B.mel.
9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	no. 1 2 3 4 5	Animal No	FOR B.o	LABORA vis B.	TORY USE	ONLY .mel.	Sample no. 1 2 3 4 5 6			ORT  FOR LAB  B.ovis	BORATORY B.mel.	B.mel.
For Laboratory use only  Name:	no. 1 2 3 4 5 6 7	Animal No	FOR B.o	LABORA vis B.	TORY USE	ONLY .mel.	Sample no. 1 2 3 4 5 6 7			ORT  FOR LAB  B.ovis	BORATORY B.mel.	B.mel.
For Laboratory use only  Name:	no. 1 2 3 4 5 6 7	Animal No	FOR B.o	LABORA vis B.	TORY USE	ONLY .mel.	Sample no. 1 2 3 4 5 6 7 8			ORT  FOR LAB  B.ovis	BORATORY B.mel.	B.mel.
Name:	no. 1 2 3 4 5 6 7 8 9	Animal No	FOR B.o	LABORA vis B.	TORY USE	ONLY .mel.	Sample no. 1 2 3 4 5 6 7 8 9			ORT  FOR LAB  B.ovis	BORATORY B.mel.	B.mel.
Name:	no. 1 2 3 4 5 6 7 8 9	Animal No	FOR B.o	LABORA vis B.	TORY USE	ONLY .mel.	Sample no. 1 2 3 4 5 6 7 8 9			ORT  FOR LAB  B.ovis	BORATORY B.mel.	B.mel.
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	no. 1 2 3 4 5 6 7 8 9 0		p. FOR B.o CF	LABORA vis B.	TORY USE	ONLY .mel.	Sample no. 1 2 3 4 5 6 7 8 9			ORT  FOR LAB  B.ovis	BORATORY B.mel.	B.mel.
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	no. 1 2 3 4 5 6 7 8 9 0	ntory use or	p. FOR B.o CF	LABORA vis B.	TORY USE	ONLY .mel.	Sample no. 1 2 3 4 5 6 7 8 9 0	Anin	nal No.	FOR LAB B.ovis CFT	BORATORY B.mel.	B.mel.
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	no. 1 2 3 4 5 6 7 8 9 0	ntory use or	p. FOR B.o CF	LABORA vis B.	TORY USE	ONLY .mel.	Sample no. 1 2 3 4 5 6 7 8 9 0	Anin	nal No.	FOR LAB B.ovis CFT	BORATORY B.mel.	B.mel.
	no. 1 2 3 4 5 6 7 8 9 0	itory use or	p. FOR B.o CF	LABORA vis B. T R	TORY USE mel. B.	ONLY .mel. CFT	Sample no. 1 2 3 4 5 6 7 8 9 0	Anin	nal No.	PORT  FOR LAB  B.ovis  CFT	BORATORY B.mel. RBT	B.mel. CFT
reproduced except in full.	no. 1 2 3 4 5 6 7 8 9 0	itory use or	p. FOR B.o CF	LABORA vis B. T R	TORY USE mel. B.	ONLY .mel. CFT	Sample no. 1 2 3 4 5 6 7 8 9 0	Anin	nal No.	PORT  FOR LAB  B.ovis  CFT	BORATORY B.mel. RBT	B.mel. CFT
	no. 1 2 3 4 5 6 7 8 9 0 For Labora Name: Signature:	AUTesult(s) apply on the client(s).	FOR B.o CF	Report SIGNATO	Date:	ONLY .mel. CFT	Sample no. 1 2 3 4 5 6 7 8 9 0 Name Signal	Anin Anin	nal No.  STATE	FOR LAB B.ovis CFT  VETERINA  formation is indic	Date:ARIAN	B.mel. CFT

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Brucella ovis / Brucella melitensis SEROLOGY REPORT									
FOR LABOR			ORATORY	ORY USE ONLY			FOR LABORATORY USE ONLY		
Sample	Animal No.	B.ovis	B.mel.	B.mel.	Sample	Animal No.	B.ovis	B.mel.	B.mel.
no.	7	CFT	RBT	CFT	no.	7 11 11 11 11 11 11 11	CFT	RBT	CFT
1					1				
2					2				
3					3				
4					4				
5					5				
6					6				
7					7				
8					8				
9					9				
0					0				
1					1				
2					2				
3					3				
4					4				
5					5				
6					6				
7					7				
8					8				
9					9				
0					0				
1					1				
2					2				
3					3				
4					4				
5					5				
6					6				
7					7				
8					8				
9					9				
0					0				
1					1				
2					2				
3					3		1		
4					4				
5					5				
6					6				
7					7		†		
8					8				
9					9				
0					0				
					J	1	1	1	

For Laboratory use only	1			
Name:		Name:		
Signature:	Report Date:			
AUTH	IORISED SIGNATORY	STAT	TE VETERINARIAN	
		om the client. Client(s) information and sample(s) i utside the scope of SANAS accreditation. This tes		

Document written / reviewed by & date: R. Pieterse 2021/03/26	Document authorisation by & date: R. Pieterse 2021/03/31	
Document approval by & date: FH Dreyer 2021/03/31	Effective date: 2021/04/01	
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