

Brucella ovis / Brucella melitensis SEROLOGY SAMPLE SUBMISSION FORM AND REPORT

DISCLAIMER:

- 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.
- 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.
- 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.**
- The sender / submitter will be held responsible for the account if not otherwise instructed.

FOR LAB USE ONLY:

Fee:	Date received:	RPO:	LAB REF
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FOR WESTERN CAPE STATE VETERINARY SERVICE USE ONLY: Indicate purpose for official testing for account purposes

Official surveillance: <input type="checkbox"/>	Official Disease investigation: <input type="checkbox"/>	Small holder farmer: <input type="checkbox"/>
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SENDER / SUBMITTER INFORMATION					OWNER INFORMATION				
SENDER REFERENCE:					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):		
Town:					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:									
REPORT BY EMAIL TO:	Owner <input type="checkbox"/>	Sender <input type="checkbox"/>	*Other <input type="checkbox"/>	* Report to Other:	Name:		Email:		
					Tel/Cell:				
ACCOUNT TO:	Owner <input type="checkbox"/>	Sender <input type="checkbox"/>	*Other <input type="checkbox"/>	* Account to Other:	Name:		Postal address:		
					Tel / Cell:		Town:		Postal code:
						Email:			

Purpose of sampling:	Diagnostic <input type="checkbox"/>	Export <input type="checkbox"/>	Species	Ovine <input type="checkbox"/>	Caprine <input type="checkbox"/>	Specify other species:
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Type of specimens submitted:	No. of specimens:	Date sample(s) collected:
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TEST REQUIRED: (PLEASE INDICATE BELOW)

Brucella ovis CFT <input type="checkbox"/>	Brucella melitensis RBT <input type="checkbox"/>	Brucella melitensis CFT <input type="checkbox"/>
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Brucella ovis / Brucella melitensis SEROLOGY REPORT

Sample no.	Animal No.	FOR LABORATORY USE ONLY			Sample no.	Animal No.	FOR LABORATORY USE ONLY		
		B.ovis CFT	B.mel. RBT	B.mel. CFT			B.ovis CFT	B.mel. RBT	B.mel. CFT
1					1				
2					2				
3					3				
4					4				
5					5				
6					6				
7					7				
8					8				
9					9				
0					0				

For Laboratory use only			
Name: _____		Name: _____	
Signature: _____		Signature: _____	
Report Date: _____		Date: _____	
AUTHORISED SIGNATORY		STATE VETERINARIAN	
<p>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.</p>			Page of

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Sample no.	Animal No.	FOR LABORATORY USE ONLY			Sample no.	Animal No.	FOR LABORATORY USE ONLY		
		B.ovis CFT	B.mel. RBT	B.mel. CFT			B.ovis CFT	B.mel. RBT	B.mel. 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				
4					4				
5					5				
6					6				
7					7				
8					8				
9					9				
0					0				

For Laboratory use only

Name: _____ Name: _____

Signature: _____ Report Date: _____ Signature: _____ Date: _____

AUTHORISED SIGNATORY **STATE VETERINARIAN**

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