

AFRICAN BUFFALO
Brucella abortus SEROLOGY SAMPLE SUBMISSION FORM

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 LABORATORY USE ONLY:

Fee:	Date received:	RPO:	LAB REF
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"/>	

SENDER / SUBMITTER INFORMATION				OWNER INFORMATION			
SENDER REFERENCE				Title		Initials	
Title		Initials		Surname			
Surname:				Company			
Clinic / Practice / Company				Farm name			
Street address				Registered Farm number			
Town		Postal code		Street / postal address			
Postal Address				Town		Postal code	
Town		Postal code		GPS coordinates		East (Longitude):	
						South (Latitude):	
Tel				Tel:			
Cell				Cell:			
Email				Email:			
STATE VETERINARIAN		State Vet Area		Province			
Initials		Surname		Tel			
Email				Cell			
REPORTS (please indicate where reports are to be sent to) <i>Reports will be sent by email, please indicate a valid email</i> <i>NOTE: reports will be sent to the State Veterinarian</i>				* ACCOUNTS (please indicate person / company responsible for the account) <i>Invoices will be sent by email, please indicate a valid email</i>			
SENDER	<input type="checkbox"/>	OTHER (where permission is granted to send results to other party, please enter details below)	<input type="checkbox"/>	SENDER	<input type="checkbox"/>	OWNER	<input type="checkbox"/>
				OTHER (please enter details below)			
Initials		Surname		Initials		Surname	
Postal Address				Postal Address			
Town				Town		Postal code	
Tel		Cell		Tel		Cell	
Email				Email			

TEST(S) REQUIRED (Please indicate below)

<i>Brucella abortus RBT</i> <input type="checkbox"/>	<i>Brucella abortus CFT</i> <input type="checkbox"/>	<i>NOTE: B. abortus SAT is not tested at our laboratory</i>
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SPECIMEN INFORMATION (Please indicate below)

Purpose of sampling:	Diagnostic <input type="checkbox"/>	Export <input type="checkbox"/>	Species:	African Buffalo	No. serum specimens:		Date of sampling:	
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AFRICAN BUFFALO

***Brucella abortus* SEROLOGY SAMPLE SUBMISSION FORM (Continued)**

		FOR LABORATORY USE ONLY	
Sample no.	Animal ID / Microchip Number:	<i>B. abortus</i> RBT	<i>B. abortus</i> CFT
1			
2			
3			
4			
5			
6			
7			
8			
9			
0			
1			
2			
3			
4			
5			
6			
7			
8			
9			
0			

FOR LABORATORY USE ONLY							
RBT: TESTED BY:	READ BY:	DATE:	CFT: TESTED BY:	DATE:			
AUTHORISED BY (LAB VETERINARIAN):	NAME:	SIGN:	DATE:				
SV Interpretation:				DATE:			
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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***Brucella abortus* SEROLOGY SAMPLE SUBMISSION FORM (Continued)**

		FOR LABORATORY USE ONLY	
Sample no.	Animal ID / Microchip Number:	<i>B. abortus</i> RBT	<i>B. abortus</i> CFT
1			
2			
3			
4			
5			
6			
7			
8			
9			
0			
1			
2			
3			
4			
5			
6			
7			
8			
9			
0			

FOR LABORATORY USE ONLY							
RBT: TESTED BY:	READ BY:	DATE:	CFT: TESTED BY:	DATE:			
AUTHORISED BY (LAB VETERINARIAN):	NAME:	SIGN:	DATE:				
SV Interpretation:				DATE:			
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