

### DOURINE SEROLOGY SAMPLE SUBMISSION FORM

**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 AND THE DOURINE TEST AGREEMENT IS COMPLETED**
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):		
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:					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:		Postal code:
		Email:				Email:			
<b>SPECIES</b>	Horse <input type="checkbox"/>	Mule <input type="checkbox"/>	Donkey <input type="checkbox"/>	Other (specify) <input type="checkbox"/>	Age of Animal:		Sex:		
							M <input type="checkbox"/> F <input type="checkbox"/>		
<b>Number of serum samples submitted:</b>							<b>Date sample(s) collected:</b>		

### DOURINE SEROLOGY RESULTS

				For laboratory use only	
Number	Description of animal: breed, colour, sex, age, marks, etc.	Passport no.	Valuation	Test result	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

I certify that I have collected this / these sample/s or have been present at the collection, that the sample/s is/are correctly identified herein and that I have verified the animal identification.

**Referring Veterinarian or Animal Health Technician's signature:**

<p><b>For Laboratory use only</b></p> <p>Name: _____</p> <p>Signature: _____      Report Date: _____</p> <p style="text-align: center;"><b>AUTHORISED SIGNATORY</b></p>	<p>Name: _____</p> <p>Signature: _____      Date: _____</p> <p style="text-align: center;"><b>STATE VETERINARIAN</b></p>
<p><b>Note:</b> 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>	
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## Dourine Test Agreement

**FOR LAB USE ONLY:**

**LAB REF**

Please complete below

### DOURINE TEST AGREEMENT

I, \_\_\_\_\_ the undersigned, of the farm

\_\_\_\_\_ in the magisterial district of \_\_\_\_\_

do hereby apply to have the horses/donkeys/mules as described on front page of this form subjected to a Dourine test.

**Purpose of test:** Export / Breeding purposes / Diagnostic (Delete where not applicable.)

I agree to have any mare or stallion reacting positively to the test for Dourine:

- (a) sterilised or castrated; or
- (b) immediately destroyed; or
- (c) subject to the consent of the State Veterinarian and the conditions set by him slaughtered at a quarantine abattoir; without compensation by the State.

I further agree to make any mare or stallion showing a suspicious reaction to the test, available to the state veterinarian for retesting until a final diagnosis is made on such animal and to comply with his instructions concerning the handling of such animal, without compensation by the State.

\_\_\_\_\_

Place: \_\_\_\_\_

Signature of owner or his/her assignee

Date: \_\_\_\_\_

Witnesses: 1: \_\_\_\_\_

2: \_\_\_\_\_