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Bit Start S	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.													
BEDDEX 94944TTER AND OWNER INFORMATION B PEOVICED.         FOR LAB USE ONLY:         Fee:       Date         POR LAB USE ONLY:         Fee:       Date         Incolned:       INFO:         LAB REF         For WESTERN CAPE STATE VETERNARY SERVICE USE ONLY: Indicate purpose for official testing for account purposes         Official surveillance:       Official Surveillance         SENDER / SUBMITTER INFORMATION       Name & sumanne of         Responsible person:       Name & sumanne of         Responsible person:       Postal acdee:         Provin:       Postal acdee:         Postal Address:       Form renor:         Street address:       Postal acdee:         Town:       Sender <td colspan="8">Recommended specimen submission guidelines can be obtained from the laboratory.</td>	Recommended specimen submission guidelines can be obtained from the laboratory.													
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Type of specimens       Date sample(s) collected:         TEST REQUIRED: (PLEASE INDICATE BELOW)         Brucella ovis CFT       Brucella melitensis RBT       Brucella melitensis CFT         Brucella ovis / Brucella melitensis SEROLOGY REPORT         FOR LABORATORY USE ONLY         Sample       Animal No.       CFT       RBT       CFT       B.mel.       B.mel.       B.mel.       B.mel.       CFT       RBT       CFT       RBT       CFT       <						Cei								
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Brucella ovis CFT       Brucella melitensis RBT       Brucella melitensis CFT         Brucella ovis / Brucella melitensis SEROLOGY REPORT         Brucella ovis / Brucella melitensis SEROLOGY REPORT         Sample       Animal No.       Bovis       B.mel.       B.mel.       Sample         no.       Animal No.       B.ovis       B.mel.       CFT       RBT       CFT	Type of sp	oecimens su	bmitted:			No. of	specimens:		Da	ate sample(s)	) collected:			
Brucella ovis / Brucella melitensis SEROLOGY REPORT         FOR LABORATORY USE ONLY         Sample       Animal No.       FOR LABORATORY USE ONLY         No.       Animal No.       B.ovis       B.mel.         1       CFT       RBT       CFT       RBT         2       CFT       RBT       CFT       RBT         3       1       2       1       CFT         3       1       3       1       1         4       1       4       1       1         5       1       3       1       1         6       1       7       1       1         8       1       1       1       1         9       1       9       1       1       1         Name:				TES	T REQU	IRED: (PI	EASE INDIC	ATE BEL	OW)					
FOR LABORATORY USE ONLY       Sample no.     Animal No.     B.ovis CFT     B.mel. RBT     CFT     no.       1     -     1     -     -       2     -     -     2     -       3     -     -     2     -       4     -     -     -     -       5     -     -     -     -       6     -     -     -     -       7     -     -     -     -       8     -     -     -     -       9     -     -     -     -       0     -     0     -     -	Brucella ov	/is CFT 🛛	]		Brucella	melitensi	s RBT 🛛		Bruce	ella melitensis	SCFT 🗆			
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3       3       3       1       1         4       4       4       1       1         5       5       5       1       1         6       6       6       1       1         7       7       1       1       1         8       8       1       1       1         9       9       0       1       1       1         Name:       9       0       1       1       1         Signature:       Report Date:       Signature:       Date:       1         AUTHORISED SIGNATORY       STATE VETERINARIAN       Page       of         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       Page       of         Document authorization by & duite: R. de Beer 2024/03/20       Document authorization by & duite: R. de Beer 2024/03/20       Page       of														
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Brucella ovis / Brucella melitensis SEROLOGY REPORT										
	FOR LABORATORY USE ONLY						FOR LABORATORY USE ONLY			
Sample no.	Animal No.	<i>B.ovis</i> CFT	<i>B.mel.</i> RBT	<i>B.mel.</i> CFT	Sample no.	Animal No.	<i>B.ovis</i> CFT	<i>B.mel.</i> RBT	<i>B.mel.</i> CFT	
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