

SAMPLE SUBMISSION FORM – FOOD SAFETY (VETERINARY PUBLIC HEALTH)

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: Official Disease investigation: Small holder farmer:

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):			
Postal Address:					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: <input type="checkbox"/>	Name:					
					Tel/Cell:		Email:			
ACCOUNT TO:	Owner <input type="checkbox"/>	Sender <input type="checkbox"/>	Other <input type="checkbox"/>	Account to Other: <input type="checkbox"/>	Name:		Postal address:			
					Tel / Cell:		Town: Postal code:			
SPECIES / ANIMAL	Poultry <input type="checkbox"/>	Ostrich <input type="checkbox"/>	Other species/animal: specify:		Purpose of sampling: Import <input type="checkbox"/> Export <input type="checkbox"/> Other <input type="checkbox"/> : _____				Date & Time collected:	
Specify type and number of specimens submitted (e.g. meat, feed, water, swabs, rodac plates, etc.)										

TEST/S REQUIRED (PLEASE INDICATE BELOW)

Fees are valid from 1 April 2024 to 31 March 2025 (VAT exempt)

Food and feed (including meat) samples	Fee/ sample	Water	Fee/ sample		
Aerobic plate count (SANS 4833-1)	<input type="checkbox"/>	R129.00	Aerobic plate count (SANS 5221)	<input type="checkbox"/>	R129.00
<i>E. coli</i> count (SANS / ISO 16649-2)	<input type="checkbox"/>	R156.00	Faecal coliforms & <i>E.coli</i> count (SANS 5221)	<input type="checkbox"/>	R313.00
Enterobacteriaceae count (SANS / ISO 21528-2)	<input type="checkbox"/>	R161.00	Faecal Streptococci count (SANS 7899-2)	<input type="checkbox"/>	R186.00
<i>Salmonella</i> spp. (ISO 6579-1)	<input type="checkbox"/>	R226.00	Total Coliforms count (SANS 5221)	<input type="checkbox"/>	R144.00
<i>Listeria monocytogenes</i> Rapid Test (VIDAS) screening	<input type="checkbox"/>	R343.00	Colilert™ test: <i>E. coli</i> and Total Coliforms count	<input type="checkbox"/>	R304.00
<i>Listeria monocytogenes</i> Rapid Test (VIDAS) confirmation	<input type="checkbox"/>	R190.00	Colilert™ test: Faecal coliform count	<input type="checkbox"/>	R154.00
<i>Salmonella</i> spp. Rapid Test (VIDAS) screening	<input type="checkbox"/>	R492.00	Enterolert™ test: Faecal Streptococci count	<input type="checkbox"/>	R186.00
<i>Salmonella</i> spp. Rapid Test (VIDAS) confirmation	<input type="checkbox"/>	R286.00			
Environmental samples					
Aerobic plate count (SANS 4833-1): Rodac plates, swabs	<input type="checkbox"/>	R129.00	Enterobacteriaceae count (SANS / ISO 21528-2): Rodac plates, swabs	<input type="checkbox"/>	R161.00
<i>Salmonella</i> spp. (ISO 6579-1): swabs	<input type="checkbox"/>	R226.00	<i>Listeria monocytogenes</i> Rapid Test (VIDAS) screening: swabs	<input type="checkbox"/>	R343.00
<i>Salmonella</i> spp. Rapid Test (VIDAS) screening: swabs	<input type="checkbox"/>	R492.00	<i>Listeria monocytogenes</i> Rapid Test (VIDAS) confirmation: swabs	<input type="checkbox"/>	R190.00
<i>Salmonella</i> spp. Rapid Test (VIDAS) confirmation: swabs	<input type="checkbox"/>	R286.00			

ADDITIONAL INFORMATION

SPECIMEN AND SAMPLING INFORMATION (E.G. SAMPLE NUMBER, IDENTIFICATION, DETAILS OF SAMPLING)

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