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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bovine *Brucella abortus* Milk Ring test (MRT) SEROLOGY SUBMISSION FORM AND REPORT | | | | | | | | | | | | | | | | | | | |
| This test is only a screening test for lactating cattle and only bulk milk samples can be tested. | | | | | | | | | | | | | | | | | | | |
| **DISCLAIMER:**   1. **Client information and test results will be disclosed to the national executive officer and state veterinary services subject to the Animal Diseases Act, Act No. 35 1984 and the Meat Safety Act, Act No. 40 of 2000 or at their request. In addition, client information and test results will also be disclosed to external auditors / assessors subject to the requirements auditing / assessment activities, and may also be disclosed to referral subcontractor laboratories where samples are referred / subcontracted for testing.** 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.** 4. **The sender / submitter will be held responsible for the account if not otherwise instructed.** 5. **NOTE THAT THE MRT test was validated using only A 2ml VOLUME of bulk tank milk for all herd sizes.** | | | | | | | | | | | | | | | | | | | |
| **FOR LABORATORY USE ONLY*:*** | | | | | | | | | | | | | | | | ***LAB REF*** | | | |
| *Fee:* | | | | *Date received:* | |  | | | | | | | *RPO:* | | |
| **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:** | | | | | | | | | | | **Initials / Name & surname of**  **responsible person:** | | | | | | | | |
| **Initials/ Name & surname of**  **responsible person:** | | | | | | | | | | | **Company name:** | | | | | | | | |
| **Company / Clinic /**  **Practice name:** | | | | | | | | | | | **Farm name:** | | | | | | | | |
| **Street Address:** | | | | | | | | |
| **Street address:** | | | | | | | | | | | **Town:** | | | | | | | | **Postal code:** |
| **Town:** | | | | | | | **Postal code:** | | | | **GPS Location** | | | | **Longitude (E):** | | | | |
| **Postal Address:** | | | | | | | | | | | **Latitude (S):** | | | | |
| **Postal Address:** | | | | | | | | |
| **Town:** | | | | | | | **Postal code:** | | | | **Town:** | | | | | | | | **Postal code:** |
| **Tel:** | | | | | | | **Cell:** | | | | **Tel:** | | | | | | | **Cell:** | |
| **Email:** | | | | | | | | | | | **Email:** | | | | | | | | |
| **State Veterinarian (SV):** | | **SV Area:** | | | | | | | **SV Province:** | | | | | **SV Tel / Cell:** | | | | | |
| **SV Email:** | | | | | |
| **REPORTS**  ***(sent by email)*** | | Sender | | | Owner | | Other (*permission granted)*  p*lease enter details* | | | | | **Name:** | | | | | **Tel/Cell:** | | |
| **Email:** | | | | | | | |
| **Indicate person / company responsible for ACCOUNT *(sent by email)*** | | | | | | | | **Name:** | | | **Postal address:** | | | | | | | **Town:** | |
| Sender | Owner | | Other *please enter details* | | | | | **Tel/Cell:** | | | **Email:** | | | | | | | **Postal code:** | |

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| --- | --- | --- |
| **Purpose of sampling:** | Diagnostic | |
| **Number of milk samples submitted:** | | **Date milk collected from tank(s):** |

| **Bovine *Brucella abortus* Milk Ring test (MRT) SEROLOGY REPORT** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **No** | **COMPULSORY INFORMATION**  Please complete for the State Veterinarian | | | | **FOR LABORATORY USE ONLY** |
| **Sample No/**  **ID Code** | **Owner** | **Farm Name** | **Supplier/**  **Tank No** | **MRT Result** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
| **9** |  |  |  |  |  |
| **10** |  |  |  |  |  |

| **Bovine *Brucella abortus* Milk Ring test (MRT) SEROLOGY REPORT (Continued)** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **No** | **COMPULSORY INFORMATION**  Please complete for the State Veterinarian | | | | **FOR LABORATORY USE ONLY** |
| **Sample No/**  **ID Code** | **Owner** | **Farm Name** | **Supplier/**  **Tank No** | **MRT Result** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
| **9** |  |  |  |  |  |
| **0** |  |  |  |  |  |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
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| **7** |  |  |  |  |  |
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| **0** |  |  |  |  |  |
| **1** |  |  |  |  |  |
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| **4** |  |  |  |  |  |
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| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
| **9** |  |  |  |  |  |
| **0** |  |  |  |  |  |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
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| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
| **9** |  |  |  |  |  |
| **0** |  |  |  |  |  |