

## 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:

- 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.
- 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.
- NOTE THAT THE MRT TEST WAS VALIDATED USING ONLY A 2ML VOLUME OF BULK TANK MILK FOR ALL HERD SIZES.

### FOR LABORATORY 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: <input type="checkbox"/>	Official Disease investigation: <input type="checkbox"/>	Small holder farmer: <input type="checkbox"/>
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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:				Town:		Postal code:	
Postal code:				GPS Location		Longitude (E):	
Postal Address:				Postal Address:		Latitude (S):	
Town:				Town:		Postal code:	
Tel:				Tel:		Cell:	
Email:				Email:			
State Veterinarian (SV):		SV Area:		SV Province:		SV Tel / Cell:	
						SV Email:	
REPORTS (sent by email)		Sender <input type="checkbox"/>	Owner <input type="checkbox"/>	Other (permission granted) <input type="checkbox"/> please enter details		Name:	
						Tel/Cell:	
						Email:	
Indicate person / company responsible for ACCOUNT (sent by email)				Name:		Postal address:	
				Town:			
Sender <input type="checkbox"/>	Owner <input type="checkbox"/>	Other <input type="checkbox"/> please enter details		Tel/Cell:		Email:	
						Postal code:	

Purpose of sampling:	Diagnostic <input type="checkbox"/>
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Number of milk samples submitted:	Date milk collected from tank(s):
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## 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					

### For Laboratory use only

Name: _____	Name: _____
Signature: _____	Signature: _____
Report Date: _____	Date: _____
<div style="display: flex; justify-content: space-between;"> <span><b>AUTHORISED SIGNATORY</b></span> <span><b>STATE VETERINARIAN</b></span> </div>	

**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.

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### 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					
4					
5					
6					
7					
8					
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9					
0					

#### For Laboratory use only

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

**AUTHORISED SIGNATORY**

**STATE VETERINARIAN**

**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.

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