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| *Brucella ovis / Brucella melitensis* SEROLOGY SAMPLE SUBMISSION FORM AND REPORT |
| **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.**
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| **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:** |
| **Purpose of sampling:**  | Diagnostic [ ]   | Export [ ]   | Species (ONE species to be submitted per submission) | Ovine [ ]  |  Caprine [ ]  | Specify other species: |

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| **Type of specimens submitted:** | **No. of specimens:** | **Date sample(s) collected:**  |
| **Test required: (Please indicate Below)** |
| *Brucella ovis* CFT[ ]  | *Brucella melitensis* RBT[ ]  | *Brucella melitensis* CFT[ ]  |

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| ***Brucella ovis / Brucella melitensis* SEROLOGY REPORT** |
|  | ***FOR LABORATORY USE ONLY*** |  | ***FOR LABORATORY USE ONLY*** |
| Sample no. | Animal No. | *B.ovis*CFT | *B.mel*. RBT | *B.mel.*CFT | Sample no. | Animal No. | *B.ovis*CFT | *B.mel.* RBT | *B.mel.*CFT |
| 1 |  |  |  |  | 1 |  |  |  |  |
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| ***Brucella ovis / Brucella melitensis* SEROLOGY REPORT (Continued)** |
|  | ***FOR LABORATORY USE ONLY*** |  | ***FOR LABORATORY USE ONLY*** |
| Sample no. | Animal No. | *B.ovis*CFT | *B.mel*. RBT | *B.mel*.CFT | Sample no. | Animal No. | *B.ovis*CFT | *B.mel.* RBT | *B.mel.*CFT |
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| 0 |  |  |  |  | 0 |  |  |  |  |