

Brucella ovis / Brucella melitensis SEROLOGY SAMPLE SUBMISSION FORM AND REPORT

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.

FOR LABORATORY USE ONLY:

Fee: _____ Date received: _____ RPO: _____ LAB REF _____

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:
Postal Address:		GPS Location	Longitude (E):
			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 <input type="checkbox"/>	Owner <input type="checkbox"/>	Other (permission granted) <input type="checkbox"/> <small>please enter details</small>	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 details <input type="checkbox"/> <small>please enter details</small>	Tel/Cell:	Email:	Postal code:

Purpose of sampling:	Diagnostic <input type="checkbox"/>	Export <input type="checkbox"/>	Species (ONE species to be submitted per submission)	Ovine <input type="checkbox"/>	Caprine <input type="checkbox"/>	Specify other species:
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Type of specimens submitted:	No. of specimens:	Date sample(s) collected:
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TEST REQUIRED: (PLEASE INDICATE BELOW)

Brucella ovis CFT <input type="checkbox"/>	Brucella melitensis RBT <input type="checkbox"/>	Brucella melitensis CFT <input type="checkbox"/>
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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				
2					2				
3					3				
4					4				
5					5				
6					6				
7					7				
8					8				
9					9				
0					0				

For Laboratory use only

Name: _____	Name: _____
Signature: _____	Signature: _____
Report Date: _____	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.	Page _____ of _____
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***Brucella ovis* / *Brucella melitensis* SEROLOGY REPORT (Continued)**

		FOR LABORATORY USE ONLY					FOR LABORATORY USE ONLY		
Sample no.	Animal No.	<i>B.avis</i> CFT	<i>B.mel.</i> RBT	<i>B.mel.</i> CFT	Sample no.	Animal No.	<i>B.avis</i> CFT	<i>B.mel.</i> RBT	<i>B.mel.</i> CFT
1					1				
2					2				
3					3				
4					4				
5					5				
6					6				
7					7				
8					8				
9					9				
0					0				
1					1				
2					2				
3					3				
4					4				
5					5				
6					6				
7					7				
8					8				
9					9				
0					0				
1					1				
2					2				
3					3				
4					4				
5					5				
6					6				
7					7				
8					8				
9					9				
0					0				
1					1				
2					2				
3					3				
4					4				
5					5				
6					6				
7					7				
8					8				
9					9				
0					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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