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**WESTERN CAPE PROVINCIAL VETERINARY LABORATORY**

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**BR5**

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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lab. Ref. No:** | | | | | | | | | **BRUCELLOSIS TEST REPORT** | | | | | | | | | | | | | | **Page no: \_\_\_\_ of \_\_\_\_** | | | | | |
| **Date received:** | | | | | | | | | Number of serum samples: | | | | | | | Collection date: | | | | | | | **Species:** | | | | Bovine | |
| Oth:specify | | | |  | |
| **Test requested:** | | Routine | | | | Export | | | | | | Diagnostic | | | Infected herd | | | Herd Maintenance | | | | | **Vaccination History** | | | | | |
| RBT | CFT | | | SAT | | | | CFT ALL | | Surveillance | | | 1st | 2nd | | Annual | |
| **Owner: (Name & Business)** | | | | | | | | | | | | **Test method/s used:** | | | | | | | | | | | Vacc date: | | | | | |
| Unknown | | | Unvacc. | | |
| **Farm/ Diptank:** | | | | | | | | | | | | As heifer according to prescription | | | RB51 | | |
| Name: | | | | | | | No: | | | | | Strain 19 | | |
| **Address:** | | | | | | | | | | | | **Sender:** | | | | | | | | | | | Adult vaccination | | | RB51 | | |
| Strain 19 | | |
| Address: | | | | | | | | | | | **Type of herd** | | | | | |
| Beef | | | | Dairy | |
| Local Municipal area:  District: | | | | | | | | | | | | **Test dates:** | | | | | |
| RBT: | | | | | |
| Tel. No: | | | | Fax No: | | | | | | | | Tel. No: | | | | | Fax No. | | | | | | CFT: | | | | | |
| Email: | | | | | | | | | | | | Email: | | | | | | | | | | | SAT: | | | | | |
| Geographical Position:  **E** : :  **S** : : | | | | | CA File Ref. No: | | | | | | | **SV Office:** | | | | | | | | SV Tel No: | | | | | | | | |
| Email: | | | | | | | | SV Fax No: | | | | | | | | |
| Sample no:  (Bottle no) | Animal no/Identification/Description | | | | | | | RBT  +/P = Pos  -/N = Neg | | | CFT  (IU/ml) | SAT  (IU/ml) | Interpretation | Sample no:  (Bottle no) | | Animal no: /Identification/Description | | | | | | RBT  +/P = Pos  -/N = Neg | | CFT  (IU/ml) | SAT  (IU/ml) | | | Interpretation |
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