



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 Surveillance | | Infected herd | | Herd Maintenance | | Vaccination History | |
| | | RBT CFT | | SAT CFT ALL | | | | | | 1 st 2 nd Annual | | | |
| Owner: (Name & Business) | | | | Test method/s used: | | | | Vacc date: | | | | | |
| Farm/ Diptank: | | | | | | | | Unknown Unvacc. | | | | | |
| Name: No: | | | | | | | | As heifer according to prescription Strain 19 | | | | | |
| Address: | | | | Sender: | | | | Adult vaccination RB51 Strain 19 | | | | | |
| Local Municipal area: | | | | Address: | | | | Type of herd | | | | | |
| District: | | | | | | | | Beef Dairy | | | | | |
| Tel. No: Fax No: | | | | Tel. No: Fax No. | | | | Test dates: | | | | | |
| Email: | | | | Email: | | | | RBT: | | | | | |
| 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 | | |
| 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 | | | | | | | |
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| 8 | | | | | | 8 | | | | | | | |
| 9 | | | | | | 9 | | | | | | | |
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| 2 | | | | | | 2 | | | | | | | |
| 3 | | | | | | 3 | | | | | | | |
| 4 | | | | | | 4 | | | | | | | |
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| 7 | | | | | | 7 | | | | | | | |
| 8 | | | | | | 8 | | | | | | | |
| 9 | | | | | | 9 | | | | | | | |
| 0 | | | | | | 0 | | | | | | | |

| FINAL COMMENTS | | | | | |
|--------------------|----------|-------|------------|-------|--|
| RBT: | | CFT: | | | |
| TESTED BY: | READ BY: | DATE: | TESTED BY: | DATE: | |
| AUTHORISED BY: | NAME: | SIGN: | DATE: | | |
| SV Interpretation: | | | | DATE: | |

NOTE: The(se) test result(s) apply only to the sample(s) that were tested, as received from the client. All client and sample information is reported as provided. Opinions and interpretations expressed herein are outside the scope of SANAS accreditation. This report shall not be reproduced except in full.