

SAMPLE SUBMISSION FORM – CHEMICAL RESIDUE TESTING

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: <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: | | Postal code: | | Town: | | Postal code: | |
| Postal Address: | | | | GPS Location | | Longitude (E): | |
| | | | | | | Latitude (S): | |
| Town: | | | | Postal Address: | | | |
| Tel: | | Cell: | | Town: | | Postal code: | |
| 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"/> | | Name: | |
| | | | | Other (permission granted) <input type="checkbox"/> <small>please enter details</small> | | Tel/Cell: | |
| Indicate person / company responsible for ACCOUNT (sent by email) | | | | Name: | | Postal address: | |
| Sender <input type="checkbox"/> | | Owner <input type="checkbox"/> | | Tel/Cell: | | Postal code: | |
| | | Other <small>please enter details</small> | | | | | |

COMPLETE SAMPLE INFORMATION BELOW (add additional rows if necessary)

| Total number of samples submitted: | | | Species / Product: | | |
|-------------------------------------------|-----------|------------------|---------------------------|------------------|--|
| Sample no. | Sample ID | For lab use only | Specimen type / Matrix | Date of Sampling | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |

PLEASE INDICATE ANY ADDITIONAL INFORMATION / COMMENTS

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PLEASE SELECT TEST BELOW

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------|
| Fees are valid from 1 April 2025 to 31 March 2026 (VAT exempt) | | Fee / sample |
| Group B substances, includes all of the following: Antimicrobials, Insecticides, fungicides, anthelmintics and other antiparasitic agents, Sedatives, NSAIDs, corticosteroids and glucocorticoids, Authorised coccidiostats and histomonostats | | <input type="checkbox"/> R 4384.00 |
| Please refer to addendum for list of substances Contact the laboratory for the current validation status of test methods and substances in specific specimen types / matrices | | |

FOR LABORATORY USE ONLY

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|----------------------------|------------------------------------------------|
| Samples checked by & date: | Sample condition, suitability, other comments: |
|----------------------------|------------------------------------------------|

Addendum: Group B substances

| Group | Family | Compound |
|---------------------------------|----------------------------|----------------------------------------|
| B1a Antimicrobial substances | Aminoglycosides | Dihydrostreptomycin |
| | | Neomycin |
| | | Streptomycin |
| | | Apramycin |
| | | Gentamycin |
| | | Kanamycin |
| | | Paromomycin |
| | | Spectinomycin |
| | Amphenicols | Florfenicol |
| | | Thiamphenicol |
| | Beta-Lactams / Penicillins | Methicillin |
| | | Nafcillin |
| | | Oxacillin |
| | | Phenoxymethylpenicillin (Penicillin V) |
| | | Amoxicillin |
| | | Ampicillin |
| | | Cloxacillin |
| | | Penicillin G (Benzylpenicillin) |
| | | Dicloxacillin |
| | Macrolides | Tylosin A |
| | | Erythromycin (Erythromycin A) |
| | | Gamithromycin |
| | | Spiramycin |
| | | Tildipirosin |
| | | Tilmicosin |
| | | Tilmicosin |
| | | Trimethoprim |
| | | Tulathromycin |
| | | Virginiamycin M1 |
| | Lincosamides | Lincomycin |
| | | Pirlimycin |
| | Quinolones | Cinoxacin |
| | | Enoxacin |
| | | Lomefloxacin |
| | | Marbofloxacin |
| | | Ofloxacin |
| | | Pefloxacin |
| | | Ciprofloxacin |
| | | Danofloxacin |
| | | Difloxacin |
| | | Enrofloxacin |
| | | Flumequine |
| | | Nalidixic acid |
| | | Norfloxacin |
| | | Oxolinic acid |
| | | Sarafloxacin |
| | Sulfonamides | Sulfabenzamide |
| | | Sulfachlorpyridazine |
| | | Sulfadiazine |
| | | Sulfadimethoxine |
| | | Sulfadoxine |
| | | Sulfamerazine |
| | | Sulfamethazine |
| | | Sulfamethizole |
| | | Sulfamethoxazole |
| | | Sulfamethoxypyridazine |
| | | Sulfamonomethoxine |
| | | Sulfamoxole |
| | | Sulfapyridine |
| | | Sulfaquinoxaline |
| | | Sulfathiazole |
| | | Sulfisoxazole |
| | | Sulfacetamide |
| | | Sulfachlorpyrazine (Sulfaclozine) |
| | | Sulfamethoxydiazine (Sulfameter) |

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| | | Sulfanilamide |
| | | Sulfaphenazole |
| | | Sulfisomidine |
| | Tetracyclines | Demeclocycline |
| | | Chlortetracycline |
| | | Doxycycline |
| | | Oxytetracycline |
| | | Tetracycline |
| | | Methacycline |
| | | Minocycline |
| | | 4-Epi-chlorotetracycline |
| | | 4-Epi-oxytetracycline |
| | | 4-Epi-tetracycline |
| | Polymyxin antibiotic | Colistin |
| | Metabolites | 3-Methylquinoxaline-2-carboxylic acid |
| B1b Insecticides, fungicides, anthelmintics and other antiparasitic agents | Anthelmintics | Closantel |
| | | Levamisole |
| | | Niclosamide |
| | | Oxyclozanide |
| | | Praziquantel |
| | | Rafoxanide |
| | | Resorantel |
| | | Nitroxinil |
| | Avermectins | Abamectin B1a |
| | | Doramectin |
| | | Emamectin B1a |
| | | Eprinomectin B1a |
| | | Ivermectin B1a |
| | Benzimidazoles | Moxidectin |
| | | Albendazole |
| | | Albendazole (sulf)oxide |
| | | Febantel |
| | | Fenbendazole |
| | | Flubendazole |
| | | Mebendazole |
| | | Oxfendazole |
| | | Oxibendazole |
| | | Thiabendazole |
| | | Triclabendazole |
| | | 5-Hydroxythiabendazole |
| | | Albendazole-2-aminosulfone |
| | | Albendazole sulfone |
| | | Aminoflubendazole (2-Aminoflubendazole) |
| | | Fenbendazole sulfone |
| | | Triclabendazole sulfone |
| | | Triclabendazole sulfoxide |
| | Antiparasitic agents | Amitraz |
| | | Diazinon |
| | | Flumethrin |
| | Metabolites | 4-Methylaminoantipyrine |
| | | N-(2,4-Dimethylphenyl)-N'-methylformamide |
| B1c Sedatives | Sedatives | Azaperol |
| | | Azaperone |
| | | Carazolol |
| B1d Non-steroidal anti- inflammatory drugs, corticosteroids and glucocorticoids | NSAID's | Carprofen |
| | | Diclofenac |
| | | Ketoprofen |
| | | Tolfenamic acid |
| | | Vedaprofen |
| | | Flunixin |
| | | Meloxicam |
| | | Phenylbutazone |
| B2 Coccidiostats and histomonostats authorised according to Union legislation, for which maximum levels and maximum residue limits are set under Union legislation. | Coccidiostats | Lasalocid |
| | | Maduramycin |
| | | Monensin |
| | | Narasine (Naracine) |
| | | Salinomycin |
| | | Robenidine |