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| SAMPLE SUBMISSION FORM |
| **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.**
 |
| **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)*[ ]  *please 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:** |
| SAMPLE / SPECIMEN INFORMATION *(Please complete below)* |
| Bovine | Ovine | Porcine | Equine | Caprine | AvianPoultry | AvianOstrich | Avian (Other) *please specify* | Canine | Feline | Fish / Shellfish | OTHER SPECIES / BREED*please specify* | Age of animal: | F [ ] M [ ]  |
|[ ] [ ] [ ] [ ] [ ] [ ] [ ]   |[ ] [ ] [ ]   |  |  |
| **Type and number of specimens1 submitted:** |   | **Date specimen(s)** **collected:** |  |
| **1NOTE: Where additional sample collection is required by the laboratory to prepare suitable specimen(s) for laboratory testing, an additional sample handling fee will be charged**  |
| **Purpose of sampling:**  | **Diagnostic** [ ]  **Export** [ ]  **Vaccination** [ ]  **Research** [ ]  **Movement (AHS)** [ ]  |
| TEST/S REQUIRED *(Please complete below)* |
| **SEROLOGY** | **BACTERIOLOGY** | **POSTMORTEM EXAMINATION (NECROPSY) \*** |
| *Brucella abortus* MRT |[ ]  General aerobic culture and identification  |[ ]  *Fee charged per animal unless indicated otherwise. Additional laboratory testing and fees at external laboratories may be applicable for samples submitted for necropsy. An additional fee is applicable where elective euthanasia is required for samples submitted for necropsy.* |
| *Brucella abortus*  | RBT; *CFT will be tested on positive samples* |[ ]  General anaerobic culture and identification (aero-tolerant anaerobes only) |[ ]   |
|  | CFT |[ ]  *Salmonella* spp. only |[ ]  Adult large animal (Cattle, horses, pigs, reptiles, wildlife, exotics, marine mammals, etc.) |[ ]
| *Brucella ovis* CFT |[ ]  *Brucella* spp. only |[ ]   |  |
| *Brucella melitensis* RBT |[ ]  Mastitis: Culture and identification |[ ]  Small and immature animal (small stock, dog, cat, immature animal, wildlife, reptile, exotic, marine mammal, etc.) |[ ]
| *Brucella melitensis* CFT |[ ]  Antibiogram |[ ]   |  |
| Dourine CFT |[ ]  **BIOCHEMISTRY** |  | Foetus examination (Brucellosis investigation ONLY)  |[ ]
| Influenza A virus antibody (ELISA); *HI will be tested on all positive samples* |[ ]  Serum Gamma globulin (IgG) |[ ]  Foetus examination (Brucellosis, plus additional testing \*)  |[ ]
| Newcastle Disease Virus: HI |[ ]  Haematocrit (PCV)  |[ ]  Ostrich (adult)  |[ ]
| **VIROLOGY (excluding PCR)** | pH (e.g. rumen, water) |[ ]  Ostrich (immature) *fee charged per 1-5 ostriches* |[ ]
| Virus Isolation |[ ]  Nitrate / Nitrate (serum, eye fluid) |[ ]  Poultry, birds *fee charged per 1-5 birds* |[ ]
| **PCR (Molecular)** | **TOXICOLOGY** | Fish, *fee charged per 1-10* |[ ]
| Avian Influenza Virus; *further testing will be done on all positive samples for subtypes H5 & H7* |[ ]  Ryegrass toxicity (visual microscopic examination & determination by LCMS) |[ ]  Fish / Shellfish (molluscs, bi-valves), *call out fee applicable* |[ ]
| African Horse Sickness Virus  |[ ]  **REPRODUCTION** | After Hours / Insurance case – all species |[ ]
| **PARASITOLOGY** | Sperm morphology  |[ ]  **HISTOPATHOLOGY** |
| Faecal egg & oocyst count |[ ]  Sperm morphology & motility  |[ ]  Process, stain & examine (H & E) *please indicate here if biopsy sample* [ ]  |[ ]
| Faecal flotation test (qualitative) |[ ]  Sperm cytology (MZN stain) |[ ]  Process & stain only (H & E) |[ ]
| Fluke egg detection (conical & liver) |[ ]  Sperm morphology & cytology (MZN stain) |[ ]  Examination; second opinion/research *(pre-stained slides)* |[ ]
| Sheep scab |[ ]  Sperm morphology, motility & cytology (MZN stain) |[ ]  Additional special stain(s) – *please specify under Additional information/requests* |[ ]
| *Cryptosporidium* oocyst detection |[ ]   |  | **FOR LABORATORY USE ONLY*:*** |
| **Additional information or TEST requests, e.g. *HISTORY, Specimen, sampling information, etc.*** *Continue on back of page if more space is needed* | *PM date:* |  |
|  | *Elective euthanasia required* [ ] , ml used: |  |
|  | *1Sample collection required* [ ] , date: |  |
|  | *Notes:* |