

## SAMPLE SUBMISSION FORM

### 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 / Clinic / Practice name:

Company name:

Street address:

Farm name:

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  
☐

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	Avian Poultry	Avian Ostrich	Avian (Other) please specify	Canine	Feline	Fish / Shellfish	OTHER SPECIES / BREED please specify	Age of animal:	F <input type="checkbox"/> M <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Type and number of specimens<sup>1</sup> submitted:

Date specimen(s) collected:

<sup>1</sup>NOTE: 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		<input type="checkbox"/>	General aerobic culture and identification	<input type="checkbox"/>	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	<input type="checkbox"/>	General anaerobic culture and identification (aero-tolerant anaerobes only)	<input type="checkbox"/>		
	CFT	<input type="checkbox"/>	Salmonella spp. only	<input type="checkbox"/>	Adult large animal (Cattle, horses, pigs, reptiles, wildlife, exotics, marine mammals, etc.)	<input type="checkbox"/>
Brucella ovis CFT		<input type="checkbox"/>	Brucella spp. only	<input type="checkbox"/>		
Brucella melitensis RBT		<input type="checkbox"/>	Mastitis: Culture and identification	<input type="checkbox"/>	Small and immature animal (small stock, dog, cat, immature animal, wildlife, reptile, exotic, marine mammal, etc.)	<input type="checkbox"/>
Brucella melitensis CFT		<input type="checkbox"/>	Antibiogram	<input type="checkbox"/>		
Dourine CFT		<input type="checkbox"/>	BIOCHEMISTRY		Foetus examination (Brucellosis investigation ONLY)	<input type="checkbox"/>
Influenza A virus antibody (ELISA); HI will be tested on all positive samples		<input type="checkbox"/>	Serum Gamma globulin (IgG)	<input type="checkbox"/>	Foetus examination (Brucellosis, plus additional testing *)	<input type="checkbox"/>
Newcastle Disease Virus: HI		<input type="checkbox"/>	Haematocrit (PCV)	<input type="checkbox"/>	Ostrich (adult)	<input type="checkbox"/>
VIROLOGY (excluding PCR)			pH (e.g. rumen, water)	<input type="checkbox"/>	Ostrich (immature) fee charged per 1-5 ostriches	<input type="checkbox"/>
Virus Isolation		<input type="checkbox"/>	Nitrate / Nitrate (serum, eye fluid)	<input type="checkbox"/>	Poultry, birds fee charged per 1-5 birds	<input type="checkbox"/>
PCR (Molecular)			TOXICOLOGY		Fish, fee charged per 1-10	<input type="checkbox"/>
Avian Influenza Virus; further testing will be done on all positive samples for subtypes H5 & H7		<input type="checkbox"/>	Ryegrass toxicity (visual microscopic examination & determination by LCMS)	<input type="checkbox"/>	Fish / Shellfish (molluscs, bi-valves), call out fee applicable	<input type="checkbox"/>
African Horse Sickness Virus		<input type="checkbox"/>	REPRODUCTION		After Hours / Insurance case – all species	<input type="checkbox"/>
PARASITOLOGY			Sperm morphology	<input type="checkbox"/>	HISTOPATHOLOGY	
Faecal egg & oocyst count		<input type="checkbox"/>	Sperm morphology & motility	<input type="checkbox"/>	Process, stain & examine (H & E) please indicate here if biopsy sample <input type="checkbox"/>	<input type="checkbox"/>
Faecal flotation test (qualitative)		<input type="checkbox"/>	Sperm cytology (MZN stain)	<input type="checkbox"/>	Process & stain only (H & E)	<input type="checkbox"/>
Fluke egg detection (conical & liver)		<input type="checkbox"/>	Sperm morphology & cytology (MZN stain)	<input type="checkbox"/>	Examination; second opinion/research (pre-stained slides)	<input type="checkbox"/>
Sheep scab		<input type="checkbox"/>	Sperm morphology, motility & cytology (MZN stain)	<input type="checkbox"/>	Additional special stain(s) – please specify under Additional information/requests	<input type="checkbox"/>
Cryptosporidium oocyst detection		<input type="checkbox"/>			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:  
<sup>1</sup>Sample collection required ☐, date:  
Notes: