

SAMPLE SUBMISSION FORM – FOOD SAFETY (VETERINARY PUBLIC HEALTH)

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
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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:		Town:	Postal code:
Postal code:		GPS Location	Longitude (E):
Postal Address:		Latitude (S):	
Town:		Postal Address:	
Postal code:		Town:	Postal code:
Tel:		Tel:	Cell:
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"/>	Other (permission granted) <input type="checkbox"/> <small>please enter details</small>	Name:	Tel/Cell:
				Email:	

Indicate person / company responsible for ACCOUNT (sent by email)			Name:	Postal address:	Town:
Sender <input type="checkbox"/>	Owner <input type="checkbox"/>	Other (please enter details) <input type="checkbox"/>	Tel/Cell:	Email:	Postal code:

SPECIES / ANIMAL (if applicable)	Poultry <input type="checkbox"/>	Ostrich <input type="checkbox"/>	Other species/animal: specify:	Purpose of sampling:	Date & Time collected:
				Import <input type="checkbox"/> Export <input type="checkbox"/> Other <input type="checkbox"/> : _____	

Specify type and number of specimens submitted (e.g. meat, feed, water, swabs, rodac plates, etc.)

TEST/S REQUIRED (PLEASE INDICATE BELOW)

Fees are valid from 1 April 2025 to 31 March 2026 (VAT exempt)

Food and feed (including meat) samples	Fee/ sample	Water	Fee/ sample
Aerobic plate count (SANS 4833-1)	<input type="checkbox"/> R135.00	Aerobic plate count (SANS 5221)	<input type="checkbox"/> R129.00
E. coli count (SANS / ISO 16649-2)	<input type="checkbox"/> R163.00	Faecal coliforms & E.coli count (SANS 5221)	<input type="checkbox"/> R327.00
Enterobacteriaceae count (SANS / ISO 21528-2)	<input type="checkbox"/> R169.00	Faecal Streptococci count (SANS 7899-2)	<input type="checkbox"/> R194.00
Salmonella spp. (ISO 6579-1)	<input type="checkbox"/> R236.00	Total Coliforms count (SANS 5221)	<input type="checkbox"/> R151.00
Listeria monocytogenes Rapid Test (VIDAS) screening	<input type="checkbox"/> R359.00		
Listeria monocytogenes Rapid Test (VIDAS) confirmation	<input type="checkbox"/> R199.00		

Environmental samples

Aerobic plate count (SANS 4833-1): Rodac plates, swabs	<input type="checkbox"/> R135.00	Listeria monocytogenes Rapid Test (VIDAS) screening: swabs	<input type="checkbox"/> R359.00
Salmonella spp. (ISO 6579-1): swabs	<input type="checkbox"/> R236.00		
Enterobacteriaceae count (SANS / ISO 21528-2): Rodac plates, swabs	<input type="checkbox"/> R169.00	Listeria monocytogenes Rapid Test (VIDAS) confirmation: swabs	<input type="checkbox"/> R199.00

ADDITIONAL INFORMATION

SPECIMEN AND SAMPLING INFORMATION (E.G. SAMPLE NUMBER, IDENTIFICATION, DETAILS OF SAMPLING)

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