

**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 (SEE \*\* BELOW).**

**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**

<b>SENDER REFERENCE:</b>	<b>Initials / Name &amp; surname of responsible person:</b>		
<b>Initials/ Name &amp; surname of responsible person:</b>	<b>Company name:</b>		
<b>Company / Clinic / Practice name:</b>	<b>Farm name:</b>		
<b>Street address:</b>	<b>Street Address:</b>		
<b>Town:</b>	<b>Postal code:</b>	<b>Town:</b>	<b>Postal code:</b>
<b>Postal Address:</b>	<b>GPS Location</b>	<b>Longitude (E):</b>	<b>Latitude (S):</b>
<b>Town:</b>	<b>Postal code:</b>	<b>Postal Address:</b>	
<b>Tel:</b>	<b>Cell:</b>	<b>Tel:</b>	<b>Cell:</b>
<b>Email:</b>	<b>Email:</b>		

<b>State Veterinarian (SV):</b>	<b>SV Area:</b>	<b>SV Province:</b>	<b>SV Tel / Cell:</b>
			<b>SV Email:</b>

<b>REPORTS (sent by email)</b>	Sender <input type="checkbox"/>	Owner <input type="checkbox"/>	Other (permission granted) <input type="checkbox"/> <i>please enter details</i>	<b>Name:</b>	<b>Tel/Cell:</b>
				<b>Email:</b>	

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

**SAMPLE / SPECIMEN INFORMATION (Please complete below)**

Bovine <input type="checkbox"/>	Ovine <input type="checkbox"/>	Porcine <input type="checkbox"/>	Equine <input type="checkbox"/>	Caprine <input type="checkbox"/>	Avian Poultry <input type="checkbox"/>	Avian Ostrich <input type="checkbox"/>	Avian (Other) <input type="checkbox"/> <i>please specify</i>	Canine <input type="checkbox"/>	Feline <input type="checkbox"/>	Fish / Shellfish <input type="checkbox"/>	OTHER SPECIES / BREED <input type="checkbox"/> <i>please specify</i>	<b>Age of animal:</b>	F <input type="checkbox"/>	M <input type="checkbox"/>
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<b>Type and number of specimens submitted:</b>	<b>Date specimen(s) collected:</b>
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*\*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*

<b>Purpose of sampling:</b>	Diagnostic <input type="checkbox"/>	Export <input type="checkbox"/>	Vaccination <input type="checkbox"/>	Research <input type="checkbox"/>
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**TEST/S REQUIRED (Please complete below)**

SEROLOGY		BACTERIOLOGY		POSTMORTEM EXAMINATION (NECROPSY)				
<i>Brucella abortus</i> MRT	<input type="checkbox"/>	General aerobic culture and identification	<input type="checkbox"/>	<i>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.</i>				
<i>Brucella abortus</i> RBT; CFT will be tested on positive samples	<input type="checkbox"/>	General anaerobic culture and identification (aero-tolerant anaerobes only)	<input type="checkbox"/>	Adult large animal (Cattle, horses, pigs, reptiles, wildlife, exotics, marine mammals, etc.)	<input type="checkbox"/>			
<i>Brucella abortus</i> CFT	<input type="checkbox"/>	<i>Salmonella</i> spp. only	<input type="checkbox"/>	Small and immature animal (small stock, dog, cat, immature animal, wildlife, reptile, exotic, marine mammal, etc.)	<input type="checkbox"/>			
<i>Brucella ovis</i> CFT	<input type="checkbox"/>	<i>Brucella</i> spp. only	<input type="checkbox"/>					
<i>Brucella melitensis</i> RBT	<input type="checkbox"/>	Mastitis: Culture and identification	<input type="checkbox"/>					
<i>Brucella melitensis</i> 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 / plasma samples:	Cu <input type="checkbox"/>	Zn <input type="checkbox"/>	Foetus examination (Brucellosis, plus additional testing *)			
Newcastle Disease Virus: HI	<input type="checkbox"/>	Organ samples (liver, including liver biopsy & kidney):						
VIROLOGY		Cu	Fe	Zn	Mn	Ca	Mg	P
Virus Isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PARASITOLOGY		Serum Gamma globulin (IgG)	<input type="checkbox"/>	Fish, fee charged per 1-10	<input type="checkbox"/>			
Faecal egg & oocyst count (McMaster Method)	<input type="checkbox"/>	Haematocrit (PCV)	<input type="checkbox"/>	Fish / Shellfish (molluscs, bi-valves), call out fee	<input type="checkbox"/>			
Faecal flotation test (qualitative)	<input type="checkbox"/>	pH (e.g. rumen, water)	<input type="checkbox"/>	After Hours / Insurance case – all species	<input type="checkbox"/>			
Fluke egg detection (conical & liver)	<input type="checkbox"/>	Nitrate / Nitrite (serum, eye fluid)	<input type="checkbox"/>	HISTOPATHOLOGY				
Sheep scab ( <i>Psoroptes ovis</i> )	<input type="checkbox"/>	TOXICOLOGY		Process, stain & examine (H & E)	<input type="checkbox"/>			
<i>Cryptosporidium</i> oocyst detection	<input type="checkbox"/>	Ryegrass toxicity (visual microscopic examination & determination by LCMS)	<input type="checkbox"/>	<i>please indicate here if biopsy sample</i> <input type="checkbox"/>				
				Process & stain only (H & E)	<input type="checkbox"/>			
PCR (MOLECULAR)		REPRODUCTION		Examination; second opinion/research (pre-stained slides)	<input type="checkbox"/>			
Avian Influenza Virus	<input type="checkbox"/>	Sperm morphology <input type="checkbox"/>	Sperm motility <input type="checkbox"/>	Additional special stain(s) – please specify under Additional information/requests	<input type="checkbox"/>			
<i>Further testing will be done on all positive samples for subtypes H5 &amp; H7</i>		Sperm cytology (MZN stain) <input type="checkbox"/>						

**ADDITIONAL INFORMATION / TEST REQUEST: e.g. History, specimen details, sampling information, etc.**  
Continue on back of page if more space is needed

**FOR LABORATORY USE ONLY:**

Post mortem examination date:  
Elective euthanasia required , ml used:  
\*Sample collection required , date:  
Notes: