

DOURINE SEROLOGY 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
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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 code:	Postal Address:
Tel: Cell:	Town: Postal code:
Email:	Tel: Cell:
State Veterinarian (SV):	Email:
SV Area:	SV Tel / Cell:
SV Province:	SV Email:

REPORTS (sent by email)	Sender <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 <input type="checkbox"/> <small>please enter details</small>	Tel/Cell:	Email:	Postal code:

Purpose of sampling:	Diagnostic <input type="checkbox"/>	Export <input type="checkbox"/>	Species:	Horse <input type="checkbox"/>	Mule <input type="checkbox"/>	Donkey <input type="checkbox"/>	Specify other species:
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Type of specimens submitted:	No. of specimens:	Date sample(s) collected:
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DOURINE SEROLOGY RESULTS

Number	Description of animal: breed, colour, sex, age, marks, etc.	Passport no.	Valuation	For laboratory use only
				Test result
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

I certify that I have collected this / these sample/s or have been present at the collection, that the sample/s is/are correctly identified herein and that I have verified the animal identification.

Referring Veterinarian or Animal Health Technician's signature:

For Laboratory use only Name: _____ Signature: _____ Report Date: _____ <p align="center">AUTHORISED SIGNATORY</p>	Name: _____ Signature: _____ Date: _____ <p align="center">STATE VETERINARIAN</p>
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Note: The(se) result(s) apply only to the sample(s) that were tested, as received from the client. Client(s) information and sample(s) information is indicated as received from the client(s). Opinions and interpretations expressed herein are outside the scope of SANAS accreditation. This test report shall not be reproduced except in full.	Page of
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1				
2				
3				
4				
5				
6				
7				
8				
9				
0				
1				
2				
3				
4				
5				
6				
7				
8				
9				
0				
1				
2				
3				
4				
5				
6				
7				
8				
9				
0				

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For Laboratory use only			
Name: _____		Name: _____	
Signature: _____ Report Date: _____		Signature: _____ Date: _____	
AUTHORISED SIGNATORY		STATE VETERINARIAN	
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