

### African Horse Sickness Virus (AHS) PCR SAMPLE SUBMISSION FORM

**DISCLAIMER:**

1. Client information and test results will be disclosed to the national executive officer, state veterinary services, sub-contractors, referral laboratories or external auditors subject to the Animal Diseases Act, Act No. 35, 1984, the Meat Safety Act, Act No. 40 of 2000 or the requirements of external auditing, assessment bodies performing auditing activities.
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 (SEE \* BELOW)**

**FOR LABORATORY USE ONLY:**

Fee:	Date received:	RPO:	<b>LAB REF</b>
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**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
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<b>SENDER REFERENCE</b>	<b>Contact person (Name and surname)</b>
<b>Contact person (Name and surname)</b>	<b>Company</b>
<b>Company</b>	<b>Physical address Street / Farm</b>
<b>Physical address Street / Farm</b>	<b>Town</b>
<b>Town</b>	<b>Postal code</b>
<b>Postal Address</b>	<b>GPS coordinates</b>
<b>Town</b>	<b>East (Longitude):</b>
<b>Postal code</b>	<b>South (Latitude):</b>
<b>Contact Tel / Cell no.</b>	<b>Contact Tel / Cell no.</b>
<b>Email</b>	<b>Email</b>

CURRENT LOCATION / ADDRESS OF ANIMAL(S) AT THE TIME OF SAMPLING	WHERE TESTING IS REQUIRED FOR MOVEMENT PURPOSES, INDICATE THE NEW LOCATION / ADDRESS
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<b>Contact person (Name and surname)</b>	<b>Contact person (Name and surname)</b>
<b>Company</b>	<b>Company</b>
<b>Physical address Street / Farm</b>	<b>Physical address Street / Farm</b>
<b>GPS coordinates</b>	<b>GPS coordinates</b>
<b>East (Longitude):</b>	<b>East (Longitude):</b>
<b>South (Latitude):</b>	<b>South (Latitude):</b>
<b>Town</b>	<b>Town</b>
<b>Postal code</b>	<b>Postal code</b>
<b>Contact Tel / Cell no.</b>	<b>Contact Tel / Cell no.</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</b> <i>(sent by email)</i>	<input type="checkbox"/> Sender	<input type="checkbox"/> Other <i>(permission granted)</i> <i>please enter details</i>	<b>Name:</b>	<b>Tel/Cell:</b>	<b>Email:</b>
	<input type="checkbox"/> Owner	AHS negative results: results will also be sent to SAEHP, relevant SV, and consulting vet (if applicable) AHS positive results: laboratory reports will ONLY be sent to SAEHP, relevant SV, and consulting vet (if applicable).			

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

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

Equine (Horse) <input type="checkbox"/>	Equine (Other) <input type="checkbox"/> <i>please specify</i>	<b>Age of animal:</b>	<b>Female</b> <input type="checkbox"/> <b>Male</b> <input type="checkbox"/>
<b>Type and number of specimens submitted:</b>		<b>Date specimen(s) collected:</b>	

\*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>ADDITIONAL INFORMATION / TEST REQUEST: e.g. History, specimen details, sampling information, etc. Continue on back of page if more space is needed</b>	<b>FOR LABORATORY USE ONLY:</b>