

**SAMPLE SUBMISSION FORM**  
**B. ovis / B. melitensis SEROLOGY**

**FOR LAB USE ONLY:**

Fee:	Date received:	RPO:	<b>LAB REF</b>
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<b>Sender code</b>	<b>Owner code</b>
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SENDER DETAILS		OWNER DETAILS	
Sender reference		Owner Name	
Sender Name		Company Name	
Company / Clinic		Contact person	
Contact person		Farm name	
Address		Address	
Postal code		Postal code	
Tel		Tel	
Fax		Fax	
Cell		Cell	
Email		Email	

<b>REPORT TO:</b>	Owner <input type="checkbox"/>	Sender <input type="checkbox"/>	<b>RESULTS BY:</b>	Post <input type="checkbox"/>	Tel <input type="checkbox"/>	Fax <input type="checkbox"/>	Email <input type="checkbox"/>	<b>ACCOUNT TO:</b>	Owner <input type="checkbox"/>	Sender <input type="checkbox"/>	Other* <input type="checkbox"/>
<b>* Account to Other:</b>	Name:		Tel:		Fax:		Postal address:				

<b>SPECIES</b>	Ovine <input type="checkbox"/>	Caprine <input type="checkbox"/>	<b>For Export purposes</b> <input type="checkbox"/>
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<b>Type of specimens submitted:</b>	<b>Date collected:</b>
<b>Number of specimens submitted:</b>	

<b>TEST REQUIRED: (PLEASE INDICATE BELOW)</b>		
<i>Brucella ovis</i> CFT <input type="checkbox"/>	<i>Brucella melitensis</i> RBT <input type="checkbox"/>	<i>Brucella melitensis</i> CFT <input type="checkbox"/>

Sample no.	Animal No.	FOR LABORATORY USE ONLY			Sample no.	Animal No.	FOR LABORATORY USE ONLY		
		<i>B. ovis</i> CFT	<i>B. mel.</i> RBT	<i>B. mel.</i> CFT			<i>B. ovis</i> CFT	<i>B. mel.</i> RBT	<i>B. mel.</i> CFT
1					1				
2					2				
3					3				
4					4				
5					5				
6					6				
7					7				
8					8				
9					9				
0					0				
1					1				
2					2				
3					3				
4					4				
5					5				
6					6				
7					7				
8					8				
9					9				
0					0				

**For Laboratory use only/Vir laboratorium gebruik.**

**Geteken/Signed:** \_\_\_\_\_ **Datum/Date:** \_\_\_\_\_  
(Vet. Tegnoloog. /Vet. Technologist.)

**Geteken/Signed:** \_\_\_\_\_ **Datum/Date:** \_\_\_\_\_  
(pp Staats Veearts/ State Veterinarian)

**Note:** This report shall not be reproduced except in full. The test results in this report refer only to the samples tested.

**SAMPLE SUBMISSION FORM**  
**B.OVIS / B.MELITENSIS SEROLOGY**

Sample no.	Animal No.	FOR LABORATORY USE ONLY			Sample no.	Animal No.	FOR LABORATORY USE ONLY		
		<i>B.ovis</i> CFT	<i>B.mel.</i> RBT	<i>B.mel.</i> CFT			<i>B.ovis</i> CFT	<i>B.mel.</i> RBT	<i>B.mel.</i> CFT
1					1				
2					2				
3					3				
4					4				
5					5				
6					6				
7					7				
8					8				
9					9				
0					0				
1					1				
2					2				
3					3				
4					4				
5					5				
6					6				
7					7				
8					8				
9					9				
0					0				
1					1				
2					2				
3					3				
4					4				
5					5				
6					6				
7					7				
8					8				
9					9				
0					0				
1					1				
2					2				
3					3				
4					4				
5					5				
6					6				
7					7				
8					8				
9					9				
0					0				

**For Laboratory use only/Vir laboratorium gebruik.**

**Geteken/Signed:** \_\_\_\_\_ **Datum/Date:** \_\_\_\_\_  
(Vet. Tegnoloog. /Vet. Technologist.)

**Geteken/Signed:** \_\_\_\_\_ **Datum/Date:** \_\_\_\_\_  
(pp Staats Veearts/ State Veterinarian)

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