

**SAMPLE SUBMISSION FORM
DOURINE SEROLOGY**

FOR LAB USE ONLY:

Fee:	Date received:	RPO:	LAB REF
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Sender code	Owner code
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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	

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

SPECIES	Horse <input type="checkbox"/>	Mule <input type="checkbox"/>	Donkey <input type="checkbox"/>	Other (specify) <input type="checkbox"/>	Age of Animal:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
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Type of specimens submitted:	Date collected:
Number of specimens submitted:	

DOURINE SEROLOGY/ SLAPSIEKTE SEROLOGIE

Nommer Number	Beskrywing van dier: ras, kleur, geslag, ouderdom, merke, ens. Description of animal: breed, colour, sex, age, marks, etc.	Paspoort no. Passport no.	Waardasie Valuation	For laboratory use Vir laboratorium gebruik
				Toets resultaat Test result
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

I certify that I have collected these sample/s or have been present at the collection, that the sample/s are correctly identified herein and that I have verified the animal identification. / Ek verklaar dat ek die monster/s versamel het of teenwoordig was by die versameling, dat die monster/s korrek hierin geïdentifiseer is en dat ek die dier se identifikasie bevestig het.

Referring Veterinarian or Animal Health Technician's signature:
Verwysende Veearts of Dieregesondheidstegnikus se handtekening:

For Laboratory use only/Vir laboratoriumgebruik

Geteken/Signed: _____ **Datum/Date:** _____
(Vet. Tegn. /Vet. Techn.)

Geteken/Signed: _____ **Datum/Date:** _____
(pp Adjunk-Direkteur/Deputy Director)

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

Slapsiekte toets ooreenkoms / Dourine Test Agreement

FOR LAB USE ONLY:

LAB REF

Voltooi onderstaande asseblief / Please complete below

SLAPSIEKTE TOETS OOREENKOMS

Ek, _____ die ondergetekende, van die plaas
_____ in die landrosdistrik _____ doen hiermee
aansoek om die perde/donkies/muile soos beskryf op die voorkant van hierdie vorm te laat onderwerp aan 'n toets vir Slapsiekte.

Doel van die toets: Uitvoer / Teeldoelindes / Diagnosties (Skrap wat nie van toepassing is nie.)

Ek onderneem om elke merrie of hings wat positief op die toets vir slapsiekte reageer:

- (a) te steriliseer of te kastreer; of
- (b) onmiddellik te vernietig: of
- (c) op die voorwaardes deur die staatsveearts bepaal by 'n kwarantyn abattoir te laat slag, sonder vergoeding deur die staat.

Ek onderneem verder om enige merrie of hings wat verdag op die toets reageer beskikbaar te stel aan die staatsveearts vir verdere toetse totdat 'n finale diagnose gemaak is op sodanige verdagte reageerder/s en om met sulke verdagte reageerder/s op die wyse wat die staatsveearts mag voorskryf te handel sonder vergoeding deur die staat.

Handtekening van die eienaar of sy gemagtigde

Plek: _____

Datum: _____

Getuies: 1: _____

2: _____

DOURINE TEST AGREEMENT

I, _____ the undersigned, of the farm
_____ in the magisterial district of _____

do hereby apply to have the horses/donkeys/mules as described on front page of this form subjected to a Dourine test.

Purpose of test: Export / Breeding purposes / Diagnostic (Delete where not applicable.)

I agree to have any mare or stallion reacting positively to the test for Dourine:

- (a) sterilised or castrated; or
- (b) immediately destroyed; or
- (c) subject to the consent of the State Veterinarian and the conditions set by him slaughtered at a quarantine abattoir; without compensation by the State.

I further agree to make any mare or stallion showing a suspicious reaction to the test, available to the state veterinarian for retesting until a final diagnosis is made on such animal and to comply with his instructions concerning the handling of such animal, without compensation by the State.

Signature of owner or his/her assignee

Place: _____

Date: _____

Witnesses: 1: _____

2: _____