Western Cape Government
Agriculture

WESTERN CAPE PROVINCIAL VETERINARY LABORATORY : STELLENBOSCH
Private Bag X5020, Stellenbosch, 7599
Helderfontein, Helshoogte Road
tel: +27 21 887 0324 fax: +27 21 886 5341
www.elsenburg.com | www.westerncape.gov.za

SAMPLE SUBMISSION FORM *B. abortus* Milk Ring Test (MRT) SEROLOGY

FOR LAB USE ONLY:				
Fee:	*Date received:*	*RPO:*	***LAB REF***	
Sender code		**Owner code**		

FOR STATE VETERINARY SERVICE USE ONLY: ***Indicate purpose for official testing for account purposes***

Official surveillance: ☐ *Official Disease investigation:* ☐ *Small holder farmer:* ☐

SENDER DETAILS	**OWNER DETAILS**
Sender Reference	**Name**
Name	**Contact person**
Contact person	**Company**
Company / Clinic / Vet Practice	**Farm name / Physical address**
Physical address **Postal code**	**Postal code**
	Physical location (GPS) **Longitude** **Latitude**
Postal Address **Postal code**	**Postal Address** **Postal code**
Tel **Fax**	**Tel** **Fax**
Cell	**Cell**
Email	**Email**

REPORT TO:	Owner ☐	Sender ☐	**RESULTS BY:**	Post ☐	Tel ☐	Fax ☐	Email ☐	**ACCOUNT TO:**	Owner ☐	Sender ☐	Other* ☐
*** Account to Other:**	**Name:**			**Tel:**		**Fax:**			**Cell:**		
	Postal address:				**Postal code:**			**Email:**			

SPECIES	Bovine ☐	Specify other species: ☐

Type and number of specimens submitted:		**Date collected:**

Brucella abortus Milk Ring test (MRT) SEROLOGY REPORT

No	COMPULSORY INFORMATION Please complete for the State Veterinarian				**FOR LABORATORY USE ONLY**
	Sample No/ ID Code	**Owner**	**Farm Name**	**Supplier/ Tank No**	**MRT Result**
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

For Laboratory use only

Signed: _____ **Date:** _____
Veterinary Technologist

Signed: _____ **Date:** _____
State Veterinarian

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

Document written / reviewed by & date: R. Pieterse 2017/03/31	Document authorisation by & date: R. Pieterse 2017/04/04
Document approval by & date: FH Dreyer 2017/04/04	Effective date: 2017/04/05
Document no.: P – SR – F - 002	**EDITION 06**

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Brucella abortus Milk Ring test (MRT) SEROLOGY REPORT

No	COMPULSORY INFORMATION Please complete for the State Veterinarian				FOR LABORATORY USE ONLY
	Sample No/ ID Code	Owner	Farm Name	Supplier/ Tank No	MRT Result
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					
1					
2					
3					
4					
5					
6					
7					
8					
9					
0					

For Laboratory use only

Signed: _____ **Date:** _____
Veterinary Technologist

Signed: _____ **Date:** _____
State Veterinarian

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