

SAMPLE SUBMISSION FORM

***Brucella ovis / Brucella melitensis* 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 Address	
Postal code		Postal code	
Tel	Fax	Tel	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:	Postal code:	Email:
			Cell:

SPECIES Ovine Caprine **For Export purposes**

Type of specimens submitted: _____ **No. of specimens:** _____ **Date collected:** _____

TEST REQUIRED: (PLEASE INDICATE BELOW)

Brucella ovis CFT *Brucella melitensis* RBT *Brucella melitensis* CFT

BRUCellosis SEROLOGY REPORT

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

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. **Page** _____ **of** _____

SAMPLE SUBMISSION FORM
B.OVIS / B.MELITENSIS SEROLOGY

BRUCELLOSIS SEROLOGY REPORT

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

Signed: _____
Veterinary Technologist

Date: _____

Signed: _____
State Veterinarian

Date: _____

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Page **of**