

## WESTERN CAPE PROVINCIAL VETERINARY LABORATORY: STELLENBOSCH

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www.elsenburg.com | www.westerncape.gov.za

## SAMPLE SUBMISSION FORM

Brucella ovis / Brucella melitensis SEROLOGY													
FOR LAB USE ONLY:													
Fee:	Da	ate ceived:				RPO:		LAB R	EF				
Sender co	Sender code						Own	er code					
FOR STATE VETERINARY SERVICE USE ONLY: Indicate purpose for official testing for account purposes  Official surveillance: □ Official Disease investigation: □ Small holder farmer: □													
Omolal salve	SENDER DETAILS  OWNER DETAILS  OWNER DETAILS												
	Sender Reference Name												
Name Contact per	son					Contac Compa	<del>.</del>	on					
Company / 0	Clinic / Vet Pra	ctice				Farm name / Physical address							
Physical ad	ldress			Postal		Postal code Physical location Longitude							
				code		(GPS)		L		tude			
Postal Addr	ess			Postal code		Postal Address Postal code							
Tel			Fax	Code		Tel Fax							
Cell						Cell							
Email REPORT TO	Owner 🗆	Sender	RESU	JLTS BY:	Post  Tel	Email □ Fa	x 🗆	Email		ACCOUNT '	TO: Owner [	☐ Sender ☐	Other*
* Account	Name:		- I		Tel:			Fa	x:			Cell:	
to Other:	Postal add	dress:					Postal code:			Email:			
SPECIES	Ovine		Capri	ne 🗆		]			F	or Export	purposes [		
Type of sp	Type of specimens submitted:					No. of specimens: Date collected:							
				LEASE INDICATE BELOW)  s RBT									
BRUCELLOSIS SEROLOGY REPORT  FOR LABORATORY USE ONLY  FOR LABORATORY USE ONLY								UCE ONLY					
Sample		B	ovis	B.mel.	B.mel.		mple				B.ovis	B.mel.	B.mel.
no.	Animal No		CFT	RBT	CFT		10.	Aı	nim	al No.	CFT	RBT	CFT
1							1						
2							2						
3							3						
4						_	4						
5						_	5						
7		-				+	<u>6</u> 7						
8		-				+	8						
9		-				_	9						
0						_	0						
1							1						
2							2						
3							3						
4							4						
5							5						
6							6						
7						$\perp$	7						
8		_					8						
9							9	1					
	For Laboratory use only												
Signed: Date:													
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													
Document written / re	viewed by & date: R. Pie	eterse 2017/03/		openi iun. 1116	, tost lesuits	Document	authorisati	on by & date: I		terse 2017/04/04	otou.	ı ayt	Ji
Document approval b	y & date: FH Dreyer 201 SR – F – 006	7/04/04	-	· · ·		Effective da	ate: 2017/0	4/05		EDITIO	ON 03	-	



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

BRUCELLOSIS SEROLOGY REPORT												
	FOR LABORATORY USE ONLY								FOR LABORATORY USE ONLY			
Sample	Animal No.	<i>B.ovi</i> s CFT	<i>B.mel.</i> RBT	B.mel. CFT	Sample	Animal No.	<i>B.ovi</i> s CFT	B.mel. RBT	B.mel. CFT			
no. 1		CFT	KDI	CFI	no. 1		CFI	KDI	CFI			
2					2							
3					3							
4					4							
5					5							
6					6							
7					7							
8					8							
9					9							
0					0							
1					1							
2		1			2							
3		+			3							
4		1			4							
5		1			5							
6					6							
7					7							
8		1			8							
9		+			9							
0					0							
1		-			1							
2					2							
3					3							
4					4							
5					5							
6					6							
7					7							
8					8							
9		1			9		1					
0		+			0							
1		+			1							
2		1			2							
3		1			3		1					
4		1			4		1					
5		1			5							
6		1			6							
7		+			7		-					
		1			8		1					
8 9					9							
		-					-					
0					0							

For Laboratory use only			
Signed:	Date:		
Signed:State Veterinarian	Date:		
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