

SAMPLE SUBMISSION FORM

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					Physical street address / Farm name									
Physical street address					Town		Postal code							
Town		Postal code			Physical location (GPS)		Longitude	Latitude						
Postal Address					Postal Address									
Town		Postal code			Town		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:		Cell:					
		Postal address:					Postal code:		Email:					
SPECIES	BOV	OVI	CAP	POR	EQU	AVI (poultry)	AVO (ostrich)	AVX (avian: other species)	FEL	CAN	Specify other species:	Age of Animal:		Sex:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			M <input type="checkbox"/>	F <input type="checkbox"/>

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

TEST/S REQUIRED (PLEASE INDICATE BELOW)

SEROLOGY		BACTERIOLOGY		BIOCHEMISTRY	
<i>Brucella abortus</i> (MRT) <input type="checkbox"/>		General aerobic culture and identification <input type="checkbox"/>		Serum / Plasma samples	
<i>Brucella abortus</i> (RBT, CFT) <input type="checkbox"/>		General anaerobic culture and identification <input type="checkbox"/>		Ca <input type="checkbox"/> P <input type="checkbox"/> Mg <input type="checkbox"/> Na <input type="checkbox"/> K <input type="checkbox"/> Cl <input type="checkbox"/>	
<i>Brucella ovis</i> (CFT) <input type="checkbox"/>		<i>Salmonella</i> spp. only <input type="checkbox"/>		Cu <input type="checkbox"/> Fe <input type="checkbox"/> Zn <input type="checkbox"/>	
<i>Brucella melitensis</i> (CFT) <input type="checkbox"/>		<i>Brucella</i> spp. only <input type="checkbox"/>		Protein (total, albumin, globulin) <input type="checkbox"/>	
Dourine (CFT) <input type="checkbox"/>		Antibiogram <input type="checkbox"/>		Serum only	
Influenza A ELISA <input type="checkbox"/>				Gamma globulin <input type="checkbox"/> BUN (Blood Urea nitrogen) <input type="checkbox"/>	
HI (Haemagglutination tests):		FOOD SAFETY (VET PUBLIC HEALTH)		Enzymes: GGT <input type="checkbox"/> AST <input type="checkbox"/> CK <input type="checkbox"/>	
HI: NCD <input type="checkbox"/>	HI: AI H5 <input type="checkbox"/>	HI: AI H6 <input type="checkbox"/>	HI: AI H7 <input type="checkbox"/>	Whole Blood	
		Food / Feed		Selenium (Se) <input type="checkbox"/> Haematocrit <input type="checkbox"/>	
VIROLOGY		Aerobic plate count (APC) <input type="checkbox"/>		Organ (Liver; Kidney) samples	
Virus Isolation <input type="checkbox"/>		<i>E. coli</i> <input type="checkbox"/>		Cu <input type="checkbox"/> Fe <input type="checkbox"/> Zn <input type="checkbox"/> Mn <input type="checkbox"/> Se <input type="checkbox"/> Ca <input type="checkbox"/> P <input type="checkbox"/> Mg <input type="checkbox"/>	
PCR (Molecular)		Enterobacteriaceae (Ent.) <input type="checkbox"/>		Biopsy (Liver) samples	
Avian Influenza Virus (AIV) (PCR) <input type="checkbox"/>		<i>Listeria monocytogenes</i> <input type="checkbox"/>		Cu <input type="checkbox"/> Fe <input type="checkbox"/> Mn <input type="checkbox"/> Zn <input type="checkbox"/>	
Newcastle Disease Virus (NDV) (PCR) <input type="checkbox"/>		<i>Salmonella</i> spp. <input type="checkbox"/>		Feed samples	
		<i>B. subtilis</i> growth inhibition <input type="checkbox"/>		Cu <input type="checkbox"/> Fe <input type="checkbox"/> Zn <input type="checkbox"/> Mn <input type="checkbox"/> Se <input type="checkbox"/>	
HISTOPATHOLOGY		Export List: (APC, <i>E. coli</i> , Ent, <i>Salmonella</i>) <input type="checkbox"/>		Ca <input type="checkbox"/> P <input type="checkbox"/> Mg <input type="checkbox"/> Na <input type="checkbox"/> K <input type="checkbox"/>	
Process, stain & examine <input type="checkbox"/>		Import List: (APC, <i>E. coli</i> , <i>Salmonella</i>) <input type="checkbox"/>		Bone samples (mineral analysis includes bone ash)	
Process & stain only <input type="checkbox"/>		Feed list (Ent., <i>Salmonella</i>) <input type="checkbox"/>		Ca <input type="checkbox"/> Mg <input type="checkbox"/> P <input type="checkbox"/> Cu <input type="checkbox"/> Fe <input type="checkbox"/> Zn <input type="checkbox"/> Mn <input type="checkbox"/>	
POSTMORTEM (NECROPSY) *		Water			
* Additional laboratory testing and fees at external laboratories may be applicable for samples submitted to the laboratory for necropsy.		Aerobic plate count (APC) <input type="checkbox"/>			
Adult large animal (e.g. cattle, horse, pig) <input type="checkbox"/>		Faecal coliforms & <i>E. coli</i> <input type="checkbox"/>		TOXICOLOGY	
Poultry, Birds & Exotic animals <input type="checkbox"/>		Faecal Streptococci <input type="checkbox"/>		Nitrites / Nitrates spot test <input type="checkbox"/>	
Small stock, dog, cat, immature large animal <input type="checkbox"/>		Total Coliforms <input type="checkbox"/>		Ryegrass toxicity screening <input type="checkbox"/>	
Ostrich: immature <input type="checkbox"/>		Export List (APC, Total Coliforms, Faecal coliforms, <i>E. coli</i> , Faecal Streptococci) <input type="checkbox"/>			
Ostrich: adult <input type="checkbox"/>					
Foetus <input type="checkbox"/>					

PLEASE COMPLETE THIS FORM IN FULL. SAMPLES WILL NOT BE RELEASED FOR TESTING UNTIL FULL CLIENT INFORMATION IS PROVIDED.

Client information and test results for notifiable and controlled diseases are subject to Regulation 12, Section 31, of the Animal Diseases Act, Act 35, 1984. Client information must be disclosed for controlled and notifiable diseases to the state veterinary services.

ADDITIONAL INFORMATION:

SPECIMEN INFORMATION (E.G. ANIMAL IDENTIFICATION / SAMPLE NUMBER); HISTORY; SPECIAL REQUESTS: