

Brucella ovis / Brucella melitensis SEROLOGY SAMPLE SUBMISSION FORM AND REPORT

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.

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"/>	Other <input type="checkbox"/>	Report to Other: <input type="checkbox"/>	Name	REPORT 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: <input type="checkbox"/>	Name	Postal address		Postal code			
					Tel / Cell:	Fax:		Email:			

SPECIES: Ovine Caprine Specify other species: **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

Brucella ovis / Brucella melitensis SEROLOGY REPORT

Sample no.	Animal No.	FOR LABORATORY USE ONLY			Sample no.	Animal No.	FOR LABORATORY USE ONLY		
		B.ovis CFT	B.mel. RBT	B.mel. CFT			B.ovis CFT	B.mel. RBT	B.mel. 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: _____ Signed: _____ Date: _____
Veterinary Technologist 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 _____

Brucella ovis / Brucella melitensis 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				

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