

SAMPLE SUBMISSION FORM

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	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"/>
<i>Brucella ovis</i> (CFT)	<input type="checkbox"/>	<i>Salmonella</i> spp. only	<input type="checkbox"/>	Mg <input type="checkbox"/>	Na <input type="checkbox"/>
<i>Brucella melitensis</i> (CFT)	<input type="checkbox"/>	<i>Brucella</i> spp. only	<input type="checkbox"/>	K <input type="checkbox"/>	Cl <input type="checkbox"/>
Influenza A ELISA	<input type="checkbox"/>	Antibiogram	<input type="checkbox"/>	Cu <input type="checkbox"/>	Fe <input type="checkbox"/>
HI (Haemagglutination tests):		FOOD SAFETY (VET PUBLIC HEALTH)		Protein (total, albumin, globulin) <input type="checkbox"/>	
HI: NCD <input type="checkbox"/>	HI: AI H5 <input type="checkbox"/>	Food / Feed / Environmental samples		Serum only	
HI: AI H6 <input type="checkbox"/>	HI: AI H7 <input type="checkbox"/>	Aerobic plate count (APC)		Gamma globulin <input type="checkbox"/>	
VIROLOGY (excluding PCR)		<i>E. coli</i>		BUN (Blood Urea nitrogen) <input type="checkbox"/>	
Virus Isolation		Enterobacteriaceae (Ent.)		Enzymes: GGT <input type="checkbox"/>	
PCR (Molecular)		<i>Listeria monocytogenes</i>		AST <input type="checkbox"/>	
Avian Influenza Virus (AIV) (PCR)		<i>Salmonella</i> spp.		CK <input type="checkbox"/>	
Newcastle Disease Virus (NDV) (PCR)		<i>B. subtilis</i> growth inhibition		Whole Blood	
African Horse Sickness (AHSV) (PCR)		Export List: (APC, <i>E. coli</i> , Ent., <i>Salmonella</i>)		Selenium (Se) <input type="checkbox"/>	
POSTMORTEM (NECROPSY) *		Import List: (APC, <i>E. coli</i> , <i>Salmonella</i>)		Haematocrit <input type="checkbox"/>	
* Additional laboratory testing and fees at external laboratories may be applicable for samples submitted to the laboratory for necropsy.		Feed list (Ent., <i>Salmonella</i>)		Organ (Liver; Kidney) samples	
Large animal (adult) (cattle, horse, pig) fee charged per animal		Water		Cu <input type="checkbox"/>	
Small stock, immature large animal, dog, cats fee charged per animal		Aerobic plate count (APC)		Fe <input type="checkbox"/>	
Foetus examination (Brucellosis investigation ONLY) fee charged per foetus		Faecal coliforms & <i>E. coli</i>		Zn <input type="checkbox"/>	
Foetus examination (Brucellosis, plus additional testing *) fee charged per foetus		Faecal Streptococci		Mn <input type="checkbox"/>	
Ostrich (adult) fee charged per ostrich		Total Coliforms		Se <input type="checkbox"/>	
Ostrich (immature) fee charged per 1-5 ostriches		Export List (APC, Total Coliforms, Faecal coliforms, <i>E. coli</i> , Faecal Streptococci)		Ca <input type="checkbox"/>	
Poultry, birds fee charged per 1-5 birds		Process, stain & examine		P <input type="checkbox"/>	
Reptiles, exotic animals (excluding fish) fee charged per animal		Process & stain only		Mg <input type="checkbox"/>	

ADDITIONAL INFORMATION

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

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