

Brucella abortus Milk Ring test (MRT) SEROLOGY 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 Bovine Specify other species:

Type and number of specimens submitted: _____ **Date milk collected from tank/s:** _____

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| No | COMPULSORY INFORMATION Please complete for the State Veterinarian | | | | FOR LABORATORY USE ONLY |
|----|--|-------|-----------|-------------------|-------------------------|
| | Sample No/ ID Code | Owner | Farm Name | Supplier/ Tank No | MRT Result |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
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| 19 | | | | | |
| 20 | | | | | |

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** _____

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