



GENERAL SAMPLE SUBMISSION FORM

FOR LABORATORY USE ONLY

COMPLAINTS: ncpvlquality@ncpg.gov.za

Date: _____ Receipt no: _____ Fee: _____ Lab no: _____

Condition of samples: Frozen Cool Warm Broken Smelly Empty Unsuitable

Laboratory section: Serology Bacteriology Parasitology Incineration Post Mortem Molecular Ext Lab

Sender Code: Owner Code:

Sender: _____ Owner: _____

Vet practice/SV Office: _____ Farm name: _____

Postal address: _____ State Vet Area: _____

Geographical Location S: _____ E: _____

Town: _____ Code: _____ Magisterial District: _____

Tel: _____ Fax: _____ Postal address: _____

E-mail: _____ Code: _____

Signature: _____ Tel: _____ Fax: _____

Contact person: _____ E-mail: _____

Signature: _____

Client information & results for controlled & notifiable diseases are subject to the Animal Diseases Act 35 of 1984.

Results per: Post E-Mail Fax To: Sender and/or Owner Other* Account to: Sender Owner Other

* If "Results" is marked to "Other" copy to: Email address: _____

** If account is marked to "Other": Name of person responsible for account: _____

(whether tested at NCPVL or other Laboratory) Postal address: _____

Signature of person responsible for account: _____

ANIMAL & SAMPLE INFORMATION (NB: ONE SPECIES PER SUBMISSION FORM)

Species/Common name: _____

Animal IDs: (For Brucellosis use a BR 5 form, for any other tests enter animal identities on the reverse of this page or attach separate sheet).

TEST	TICK APPLICABLE	NUMBER/AMOUNT	DATE OF SAMPLE COLLECTION
Bovine brucellosis RBT/CFT (Serum)			
Anthrax PCR (Tissue/soil)			
Campylobacter PCR (Sheath wash/sheath scrap)			
Trichomonas PCR (Sheath wash/sheath scrap)			
Sheep scab (Wool/slide)			
Post mortem (Carcass)			
Incineration			
Faecal egg count (Fresh faeces)			
Other (Specify sample type & test requested)			

CONTINUES ON BACK

HISTORY

Please supply complete history

Date / time of the animal's death: _____

Number of animals in the herd/flock: _____

Number of animals dead: _____

Treatment, vaccination, dosing: _____

Clinical signs: _____

ANIMAL IDENTIFICATION:

SAMPLE NUMBER	ANIMAL ID:	SAMPLE NUMBER	ANIMAL ID:
1.		8.	
2.		9.	
3.		10.	
4.		11.	
5.		12.	
6.		13.	
7.		14.	

Other information

FOR LABORATORY USE ONLY

FOR LABORATORY USE ONLY

<input type="checkbox"/> Section notified	Signature & date
<input type="checkbox"/> Collected by section	Signature & date
Courier Delivered	Hand Delivered

PRELIMINARY RESULTS:
