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|-------------------------------------|--------------------------------------|--------------------------------|----------------|-----------------------------|-------------------------|---------------------------|--|-------------------------------------|----------------|----------------------------|----------------|---------------------|
| Lab. Ref. No: | | BRUCELLOSIS TEST REPORT | | | | | | Page no: ____ of ____ | | | | |
| Date received: | | Number of serum samples: | | | Collection date: | | | Species: Bovine | | Oth: specify | | |
| Test requested: | Routine | | Export | | Diagnostic Surveillance | Infected herd | Herd Maintenance | | | Vaccination History | | |
| | RBT | CFT | SAT | CFT ALL | | | 1 st | 2 nd | Annual | | | |
| Owner: (Name & Business) | | | | Test method/s used: | | | | Vacc date: | | | | |
| Farm/ Diptank: | | | | EACH LABORATORY TO COMPLETE | | | | Unknown | | Unvacc. | | |
| Name: | | No: | | Sender: | | | | As heifer according to prescription | | RB51 Strain 19 | | |
| Address: | | | | | | | | Address: | | | | Adult vaccination |
| Local Municipal area: | | | | Tel. No: | | | | | | | | Type of herd |
| District: | | | | | | | | Tel. No: | | | | Fax No. |
| Tel. No: | | Fax No: | | Email: | | | | | | | | |
| Email: | | | | | | | | SV Office: | | | | SV Tel No: |
| Geographical Position: | | CA File Ref. No: | | Email: | | | | | | | | SV Tel No: |
| E : : S : : | | | | | | | | | | | | |
| Sample no: (Bottle no) | Animal no/Identification/Description | RBT +/P = Pos -N = Neg | CFT (IU/ml) | SAT (IU/ml) | Interpretation | Sample no: (Bottle no) | Animal no: /Identification/Description | RBT +/P = Pos -N = Neg | CFT (IU/ml) | SAT (IU/ml) | Interpretation | |
| 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 | | | | | | |

For laboratory use only:

FINAL COMMENTS:

Tested by: _____ Date: _____
 Authorised by: _____ Date: _____
 SV Interpretation: _____ Date: _____

STAMP

NOTE: The(se) test result(s) apply only to the sample(s) that were tested, as received from the client. All client and sample information is reported as provided. Opinions and interpretations expressed herein are outside the scope of SANAS accreditation. This report shall not be reproduced except in full.