



NOTE: Client information and test results will be disclosed to the national executive officer, state veterinary services or external auditors subject to the Animal Diseases Act, Act No. 35, 1984, the Meat Safety Act, Act No. 40 of 2000 or the requirements of external auditing or assessment bodies performing auditing activities.

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				
	RBT	CFT	SAT	CFT ALL			1 st	2 nd	Annual		Vaccination History		
Owner: (Name & Business)				Test method/s used:				Vacc date:					
Farm/ Diptank:				EACH LABORATORY TO COMPLETE				Unknown		Unvacc.			
Name:		No:						As heifer according to prescription		RB51 Strain 19			
Address:				Sender:				Adult vaccination		RB51 Strain 19			
				Address:				Type of herd					
Local Municipal area:								Beef		Dairy			
District:								Test dates:					
Tel. No:		Fax No:		Tel. No:		Fax No:		RBT:					
Email:				Email:				CFT:					
Geographical Position:				CA File Ref. No:				SV Office:				SV Tel No:	
E : : S : :								Email:				SV Fax No:	
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							
FINAL COMMENTS													
RBT:		READ BY:			DATE:		CFT:			DATE:			
TESTED BY:		READ BY:			DATE:		TESTED BY:			DATE:			
AUTHORISED BY:		NAME:			SIGN:			DATE:					
SV Interpretation:								DATE:					

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.