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Veterinary Laboratory

V0037

Edition 03

BRUCELLOSIS MILK RING TEST REPORT

Laboratory Reference No:		Page no: _____ of _____

Date received:	Time received:	Date tested:
Collection date:	Species:	Number of milk samples:

Test method used: SER-LP-01-3 Milk Ring Test

Owner: (Name & Business)	Sender:
Farm:	Address:
Address:	
	Tel. No: / Fax No:
	Email:
Tel. No: / Fax No:	SV Office: / SV Fax No: / SV Tel No:
Email:	Email:

Tube no.	Owner	Farm Name	District	GPS coordinates E dd : mm : ss.s / S dd : mm : ss.s	Cows in milk	Results Pos	Neg	U/S
1				E : : / S : :				
2				E : : / S : :				
3				E : : / S : :				
4				E : : / S : :				
5				E : : / S : :				
6				E : : / S : :				
7				E : : / S : :				
8				E : : / S : :				
9				E : : / S : :				
0				E : : / S : :				
1				E : : / S : :				
2				E : : / S : :				
3				E : : / S : :				
4				E : : / S : :				
5				E : : / S : :				
6				E : : / S : :				
7				E : : / S : :				
8				E : : / S : :				
9				E : : / S : :				
0				E : : / S : :				

For laboratory use only:	**FINAL COMMENTS:**
	Tested by: _____ Date: _____
STAMP	Authorised by: _____ Date: _____
	SV Interpretation: _____ Date: _____

COMMENTS: 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. All client information shall be regarded as confidential, unless legal authorities or regulatory bodies require disclosure. This report shall not be reproduced except in full.

ABBREVIATIONS:	U/S = Unsuitable
Pos = Positive	S = Sour
Neg = Negative	I/C = Insufficient cream

Prepared by: J. LE ROUX	Approved by: R. DLIWAYO	Authorization date: SEPTEMBER 2023