

RBT

Owner: (Name & Business)

Routine

CFT

Lab. Ref. No:

Date received:

Test

requested:

Farm/ Diptank:

Local Municipal area:

For laboratory use only:

STAMP

Name:

Address:

District:

Tel. No:

Email:

Department of Agriculture & Rural Development

Allerton Provincial Veterinary Laboratory Private Bag X2, CASCADES, 3202 458 Town Bush Road, Pietermaritzburg, 3201 Tel: 033 347 6200 Fax: 033 347 1633

BRUCELLOSIS TEST REPORT

Test method/s used: Laboratory use only

☐ Serum Agglutination Test: SER-LP-01-5 (* Select applicable test method used)

☐ Rose Bengal Test: SER-LP-01-1 ☐ Complement Fixation Test: SER-LP-01-2

Number of serum samples:

Sender:

Address:

Tel. No:

Email:

Diagnostic

Surveillance

Export

SAT

No:

Fax No:

CFT ALL

Collection date:

Fax No.

Infected herd



Annual

Herd Maintenance

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Page no:		_ of		
Species:		Bovine		l
Oth: specify				l
Vacc	inatio	on H	istory	
Vacc dat	e:			1
Unknown		ι	Unvacc.	
As heifer		RB51		1
according to prescription		Strain 19		
Adult		RB51		l
vaccinat	ype c		train 19	ł
Beef	ype c	, 116	Dairy	١
Test dat	es:			1
RBT:				1
CFT:				
SAT:				1
				1
				1
CFT (IU/ml)	SA (IU/i		Interpretation	
				l
				l
				ı

CA File Ref. No: SV Tel No: SV Office: Geographical Position: Email: SV Fax No: RBT Sample no: (Bottle no) Sample no: (Bottle no) Animal no/Identification/Description Animal no: /Identification/Description 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:

> NOTE: This report shall not be reproduced except in full.

Tested by:

Authorised by:

SV Interpretation:

Date:

Date:

Date: