

NOTE:

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 Email: enquiries.allerton@kzndard.gov.za





Lab. Ref. No:					BRUCELLOSIS TEST REPORT							Page no	: of		
Date received: Number					of serum samples: Collec			allection date:			Species	: Bo	vine		
					·			Co	Collection date:			Oth: specify			
	Test Routine equested: RBT CFT		Exp SAT	cport Diagnostic CFT ALL Surveillance		Infected	herd Herd Maintenance 1st 2nd Annual				Vaccination History				
Owner: (Name & Business)					Test method/s used: Laboratory use only ☐ Rose Bengal Test: SER-LP-01-1				ise only				Vacc date:		
					☐ Complement Fixation Test: SER-LP-01-2						Unknown Unvacc.				
Farm/ Diptank:					□ Serum Agglutination Test: SER-LP-01-5 (* Select applicable test method used)						As heifer RB51 according to				
Name: No:									aooa)			prescription Strain 19			
Address:					Sender:							Adult RB51 vaccination Strain 19			
					Address:							Type of herd Beef Dairy			
Local Municipal area:												Beef Dairy Test dates:			
District:												RBT:			
Tel. No: Fax No			:		Tel. No: Fax No.							CFT:			
Email:					Email:							SAT:			
	1		CA File Ref. No:		SV Office:					SV T	/ Tel No:				
E :	Geographical Position: E : S : :				Email:				SV Fax No						
Sample no:	no: Animal no/Identification/Descript		RBT +/P = Pos	CFT	SAT	Interpretation	Sample no:	Λnin	mal no: /Identification/Descri	intion	RBT +/P = Pos	CFT	SAT	Interpretation	
(Bottle no)	Ariina no/identinoation	Description	-/N = Neg	(IU/ml)	(IU/ml)	merpretation	(Bottle no)	AIIII	marno. /identification/Descri	iption	-/N = Neg	(IU/mI)	(IU/ml)	interpretation	
1							1								
2							3								
4							4								
5							5								
6							6								
7							7								
8							8								
9							9								
0							0								
1							1								
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9							9								
0							0								
			FINAL Tested	COMMENTS: by: Date											
				·											
				norised by:					Date:						
			SV Inte	SV Interpretation:					Date:						