



DIAGNOSTIC BACTERIOLOGY

DEPARTMENT OF VETERINARY TROPICAL DISEASES
 FACULTY OF VETERINARY SCIENCE, UNIVERSITY OF PRETORIA
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ANIMAL DETAILS		OWNER DETAILS	
Name:		Title:	Initials:
Species:	Breed:	Surname:	
Age:	Sex:	Address:	
Specimen Type:		Postal Code:	
Date Collected:		Tel (W):	Tel (H):

VETERINARIAN DETAILS			
Referring Veterinarian:	*Signature:		
Hospital/Clinic:			
Address:	E-Mail Address:		
Postal Code:	Fax:		
Tel:			
Clinical History:			
Is your business registered on the University of Pretoria's financial system? (If Yes, please complete provide the UP customer account number. If no, a debtor registration form will be forwarded to you by the laboratory) UP Customer Account number:		Yes	No

Section to be completed: Controlled and Notifiable diseases	
State Veterinarian:	Email Address:
Origin of sample (Farm name):	Purpose of sampling:
Location of farm: GPS coordinates:	

BACTERIOLOGY AND MYCOLOGY		
Aerobic isolation and identification		AC
Anaerobic isolation and identification		ANC
Fungal isolation and identification		YF
Brucella culture		BRU
Salmonella culture		SAL
Abortion Panel		ABO
Salmonella serotyping		SERO
Bacterial colony count		BCC
Examination of smears		EXA
Antimicrobial sensitivity testing		AB
OTHER:		

CONSENT FORM: OWNER
I give my consent that sample(s) submitted and any microorganisms isolated from them may be retained and used for current and future research projects by the Department of Veterinary Tropical Diseases, Faculty of Veterinary Science, University of Pretoria.
SIGNED: _____
Important notice: Please note that milk samples does not form part of our scope of accreditation.

**By signing this form you also give consent to the following: During assessments or inspections by regulating bodies e.g. SANAS and DAFF, your information may be viewed by the accessors. Thirdparty confidentiality agreements are always signed prior to viewing your information and where it is shared with third parties, we will seek to share the minimum necessary.*