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| Department of Veterinary Trop Diseases  **Virology Laboratory** Faculty of Veterinary Science University of Pretoria  Private Bag X04 Onderstepoort 0110, RSA | ical | **Page 1 of 1** |
| **Procedure number** | QA/FORM/VS 061  Version 4 |
| **Date Issued** | June 2022 |

Virology Diagnostic Sample Submission Form

Fax: +27 12 529 8027 / 8312

**Your reference :**

**Laboratory Number:**

|  |  |  |
| --- | --- | --- |
| **Technologist:** | **Tel: (012) 529 8338 E-mail:** [**karen.ebersohn@up.ac.za**](mailto:karen.ebersohn@up.ac.za) |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ANIMAL DETAILS** | |  | **OWNER DETAILS** | | |
| Name: | | Title: | Initials: | |
| Species: | Breed: | Surname: | | |
| Age: | Sex: | Physical Address : | | |
| Specimen Type: | |  | | Postal Code: |
|  | | GPS Co-ordinates: | | |
| Date Collected: | | Tel: | Fax: | |
| Submission date: | | E-mail Address: | | |
|  | |  | | |

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| --- | --- | --- |
| **State Veterinarian:** |  | |
| Region: | | E-mail address: |

|  |  |  |  |
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| **VETERINARIAN DETAILS**  **NB:** All the information is required to prevent delays in testing and reporting of results according to Quality Assurance standards. | | | |
| Referring Veterinarian: | | | **\* Signature :** |
| Hospital / Clinic: | | | |
| Address: | | | |
| Postal Code: | | E-mail Address: | |
| Tel: | | Fax: | |
| **Purpose for Testing:** |  | | |
| Clinical History: | | | |
|  | | | |
|  | | | |
| **I give my consent that the sample(s) submitted and any viruses isolated from them may be retained and used for current and future research projects by the Department of Veterinary Tropical Diseases, Faculty of Veterinary Sciences, University of Pretoria.**  **Signature : Date :** | | | |

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| **Is your business registered on the University of Pretoria’s financial system?**  **(If yes, please provide the UP customer account number. If no, a debtor registration form will be forwarded to you by the laboratory).** | | **Yes** | **No** |
| **UP Customer Account Number:** | **Trading as:** | | |
| **Please note: Diagnostic testing will not be performed unless an UP debtors account number is supplied.** | | | |

**Select the test(s) required by ticking the appropriate block (s):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Virology** | | |  | **Other request:** |
| Equine Viral Arteritis SNT |  | **EVA** |  |
| Serum Neutralisation Test - Other |  | **SNT** |  |
| General Virus isolation and identification |  |  |  |
| Virus titration |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  | Suspected Organism(s): |
|  |  |  |  |
|  |  |  | No. of samples submitted: |

***\* By signing this form you also give consent to the following:***

*During assessments or inspections by regulating bodies e.g. SANAS and DALRRD, your information may be viewed by the accessors. Third party* 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.