

**RABIES SPECIMEN SUBMISSION FORM** 

## **ARC-Onderstepoort Veterinary Institute OIE Rabies Reference Laboratory**

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## **RABIES SPECIMEN SUBMISSION FORM**

Please complete ALL sections thoroughly and carefully

SENDER: Name								
Address								
Phone: Code	Code Number			Fax				
Sender's reference nu				Date of dispatch				
OWNER: Name								
Phone: Code	Number Fax							
ORIGIN OF SPECIMEN: Grid reference								
Registered farm name / Address								
	Assistanial distaist							
	Registered farm number							
Nearest town State Vet area								
SPECIES: Common name								
Scientific name								
Correct scientific name? Certain Not certain Don't know								
CLINICAL SIGNS AND HISTORY: Age (ruminants only)								
Duration of signs Date of death								
Clinical signs and history								
HUMAN CONTACTS:								
Type of contact	Bite	Saliva	Handling	Other (s	pecify)	No human contact	Don't know	
Number of contacts				*******				
NAME: (Print)								
Rank / Occupation								
	Signature							
PLEASE NOTE THAT SPECIMENS IN FORMALIN CANNOT BE RELIABLY TESTED FOR RABIES. BRAIN SPECIMENS FOR RABIES MUST BE SUBMITTED ON ICE OR IN GLYCEROL-SALINE.								

Disclaimer

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- The ARC-OVI reserves the right to refuse the acceptance and testing of unsuitable samples. The ARC-OVI does not accept responsibility for the damage of samples en route to the Diagnostic Registration office. The acceptance of samples at Diagnostic Registration office does not guarantee the suitability of samples for testing. The ARC-OVI reserves the right not to test the sample S ithm Sample Submission form is not signed. The ARC-OVI reserves the right to refuse testing if the client's account is overdue for more than sixty (60) days. The sender will be held responsible for the account if not otherwise instructed. Should someone other than the sender be responsible for payment the relevant contact details and signature should appear on the form. All samples will be analyse subject to the Animal Disease Act, 1984 (Act No. 35 of 1984).
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