



Veterinary Genetics Laboratory
 Faculty of Veterinary Science
 University of Pretoria
 Private Bag X04
 Onderstepoort
 0110
 Tel: (012) 529 8240
 Fax: (012) 529 8310
 vg@up.ac.za

ISAG Lab Code: 23476915



UNIVERSITEIT VAN PRETORIA
 UNIVERSITY OF PRETORIA
 YUNIBESITHI YA PRETORIA

VGL_Form_002 (Valid from 18/08/2020 until replaced)
Veterinary Genetics Laboratory – Molecular Diagnostics
Faculty of Veterinary Science
University of Pretoria - Onderstepoort
 Physical Address: Old Soutpan Road, ONDERSTEPOORT, 0110, SOUTH AFRICA
 Postal Address: Private Bag X04, ONDERSTEPOORT, 0110, SOUTH AFRICA
 Tel (012) 529 8068 Fax (012) 529 8301
 E-mail: erc@up.ac.za

SUBMISSION FORM for Real-time PCR SAMPLE TESTING

Sender Ref:		Date:		Lab No:		Time delivered:	
OWNER	TITLE:	INITIALS:	SENDER		TITLE	INITIALS	
Surname:				Surname:			
Address:				Address:			
Code:				Code:			
GPS Coordinates (format?):				Email:			
State Vet Area				Tel: ()		Fax: ()	
Tel: ()		Fax: ()		SIGNED		NAME PRINTED	
Cell:		E-mail:					
ANIMAL	Specie:			HISTORY	Date of Sampling:		
Name:				(please provide details explaining the reason for testing and relevant symptoms observed)			
Ref. No.:							
Breed:							
Age:							
Sex:							
AHS vaccination status if applicable:							
TEST(S) REQUIRED				Suitable sample types:			
African horse sickness virus & Equine encephalosis virus (EEV) – PCR Yes <input type="checkbox"/> No <input type="checkbox"/>				Organs (Lung, Spleen & Skin) – AHSV / EEV		<input type="checkbox"/>	
Equine herpes virus (EHV 1 & 4) – PCR Yes <input type="checkbox"/> No <input type="checkbox"/>				EDTA Blood (Purple top ONLY) – AHSV / EEV / Piro / EHV		<input type="checkbox"/>	
Equine Piroplasmosis– (T-Equi & B-Cab) – PCR Yes <input type="checkbox"/> No <input type="checkbox"/>				Organs (Lung, Liver, Spleen & Placenta) – EHV		<input type="checkbox"/>	
				Organ Swabs (cytobrush) – EHV		<input type="checkbox"/>	
				Nasal/Genital Swabs (cotton dry swab) – EHV		<input type="checkbox"/>	

Vaccinated: Yes No

Date of last vaccination: _____

Disclaimer

1. The Laboratory reserves the right not to test the samples if the Sample Submission form has not been completed in full as REQUIRED BY DALRRDF. ALL FIELDS ARE MADATORY AND MUST BE COMPLETED WITH EVERY SUBMISSION.
2. The Laboratory reserves the right to refuse the acceptance and testing of unsuitable samples.
3. The Laboratory does not accept responsibility for the damage of samples en route to the Diagnostic Registration office.
4. The acceptance of samples by the laboratory does not guarantee the suitability of submission for testing.
5. The Laboratory reserves the right to refuse testing if the client's account is overdue for more than sixty (60) days.
6. The sender will be held responsible for the account if not otherwise instructed.
7. Should someone other than the sender be responsible for payment the relevant contact details (including email address) and signature should appear on the form.
8. By signing the submission 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 assessors. 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
9. The Turnaround time for samples will be 5 working days from the day after the sample was received.
10. The samples will be retained from 30 days from the day after the sample was received.
11. The method VGL_RTPCR_013 will be used to test all AHSV/EEV samples.

In case of more than one animal per owner please provide their full details below. Please provide a separate submission form for animals owned by different owners.

Details required: Name, Age, Sex, Breed, and Microchip Number (If applicable)

NO	NAME	AGE	SEX	Breed	Microchip No.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**Cost: The cost of initial test is R500.00 (Vat incl.) for each sample. Any additional testing required on the same sample will cost R300.00 (Vat incl.).
PLEASE NOTE: Should the proof of payment not accompany the sample an additional R50.00 administration fee will be charged.**

**Banking Details: Bank: ABSA
 Account number: 2140000038
 Branch: Hatfield
 Branch code: 335545
 Reference: Practice name/ A7324**