

BRUCELLA OVIS SUBMISSION FORM

0800 474 225 I www.awanuivets.co.nz

	Lab number:
PRACTICE	OWNER NAME
VETERINARIAN	OWNER ADDRESS/PH
VET REF NUMBER	
PHONE	FARM ID / NAIT / AGRIBASE
DATE SAMPLE COLLECTED	FLOCK ID (if any)
VET INTERPRETATION REQUIRED	✓ OVINE
VET ALERT MESSAGE (include mobile number)	BREEDS
NO. RAMS IN FLOCK (>15 MONTHS)	NO. SERA SUBMITTED
NO. RAMS WITH LESIONS WHEN PALPATED	
PUPROSE OF TEST	
Ram breeder or mixed flock	Flock check test (e.g. to orientate)
Commercial flock	Eradication test No. 1 2 3 4 5 6
Confinercial flock	Accreditation test
	Annual retest of accredited flock
	Sale test Test of introduced rams
	Diagnostic test (e.g. rams with epididymitis)
	Other (specify)
Date received	
Sample received	No. tested
Case reg.	No. positive
Test reg.	No. suspicious
Signed out	
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SAMPLES RECEIVED (for lab use only)			Unpacked by:
Serum/SST	Semen	Other:	Date rec'd: