

## SUBMISSION FORM FOR NEUROLOGICAL CASES IN CATTLE

State Veterinarian	Problems with sample submission
Surname and initials: _____ State Veterinary Office: _____ Postal address: _____  Tel: _____ Fax: _____ Sender's ref No: _____	If you experience problems with sample submission, contact:  <b>Courier:</b> Berco Express Tel: 012 349 1127, Nationwide Account no: 080003 (quote on requesting collection)  <b>Laboratory:</b> Prof Stephen Njiro (ARC-OVI) Tel: (012) 529 9164 • Mobile: 072 759 8809 • Email: NjiroS@arc.agric.za  <b>National coordinator:</b> Dr Tiro Modungwa (DoA) Tel: (012) 319 7428 • Fax: (012) 329 0499 • Mobile: 083 959 1096
Owner	Sender (if different from State Veterinarian)
Surname and initials: _____ Physical address: _____  Tel: _____ Fax: _____	Surname and Initials: _____ Physical address: _____  Tel: _____ Fax: _____
Samples submitted	
Type / description of samples: _____	
Number of samples: _____	Collection date: _____
General information on sampling and testing	
<p><b>NOTE: The BIO-RAD TeSeE® kit is used for the screening of the samples.</b>  <b>FOR GENERAL ENQUIRIES: Contact the Laboratory at 012 529 9164</b></p>	
<p><b>1. Neurological cases</b>            For the purpose of BSE surveillance, high-risk groups are defined as all cattle with 3 or more permanent incisors that:</p> <ul style="list-style-type: none"> <li>• Show progressive neurological signs and either die or are destroyed for any reason;</li> <li>• Or are presented for emergency slaughter or that die <i>en route</i> to the abattoir for any reason.</li> <li>• Were imported from Europe during 1980 – 1990's.</li> </ul> <p><u>Samples:</u> Whole brain intact, including the obex region of the <i>medulla oblongata</i>, should be submitted.  <u>Submission:</u> Samples should be placed in a double layer of the self sealing plastic bags provided and packed on ice, with sufficient absorbent material. The submission form should be placed in a self sealing bag and placed inside the cold box. A copy should be firmly attached with self-adhesive tape to the outside of the cold box. Cold boxes available at state veterinary offices will be sent using Berco Couriers, at state expense.  <u>Analysis:</u> Samples will be tested for BSE, rabies, cerebral heartwater, cerebral redwater and examined histopathologically at state expenses. Reports will be made available via the state veterinary office.</p> <p><u>Animal Identification:</u> Breed _____ Age: _____ Sex: _____            Eartag no: _____ Brand: _____ Other (tattoo, etc): _____</p> <p><u>Origin:</u> Farm name: _____            Farm no: _____ Geographic coordinates: _____ °E _____ °S</p> <p><u>History and Clinical Signs:</u> Imported animals: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/></p>	
<p><b>2. Routine abattoir samples</b>  <u>Samples:</u> <i>Medulla oblongata</i> including the obex region, which will only be tested for BSE (spoon samples).  <u>Submission:</u> Samples should be placed in the individual specimen bottles provided, and marked. These specimen bottles should then be placed in the self-sealing bag provided, and packed on ice with absorbent material. The submission form should be placed in the self-sealing bag and placed inside the cold box. A copy should be firmly attached, with self adhesive tape to the outside of the cold box.</p> <p>Name of State Veterinary Official submitting samples: _____            Telephone number: _____ Abattoir name: _____</p> <p>Detailed description of clinical signs: _____  <ul style="list-style-type: none"> <li>• Including duration of clinical signs and diet.</li> <li>• Please attach any additional information on a separate piece of paper.</li> <li>• If imported animal, when was it imported and from which country?</li> </ul> </p>	
<p><b>NB: Please attach BSE Abattoir Samples Submission Form (see reverse)</b></p>	



## BSE ABATTOIR SAMPLE SUBMISSION FORM

State Veterinary Official submitting samples	
Surname and initials: _____	Abattoir name: _____
Telephone no: _____	Province: _____
State Veterinarian office: _____	Slaughter date: _____
Fax no: _____	Collection date: _____

Specimen no: _____ (Lab use only)		Animal identification						Origin				
B123456/7	Lot no.	Ear tag number	Brand	Tattoo or other mark	Sex (M / F)	Age (3 tooth)	Breed	Owner	Farm name	Farm No	Geographic coordinates	
											°E	°S

GENERAL INFORMATION ON SAMPLE SUBMISSION	
<b>Courier:</b> Berco Express, Tel: 012 349 1127, Nationwide <b>Collection requests:</b> Madeleine/ Nicolette / Heidi <b>Account Manager :</b> Annelie Moreau (Mobile: 082 4130545) <b>Account no:</b> 080003 (quote on requesting collection)	It may be necessary, to provide additional cooling in the remote and hotter areas of the country, to ensure that, samples reach the laboratory in good condition. Samples need to reach the laboratory within 2 days of collection and no later than 12:00 on Fridays. <b>Laboratory closed: Weekends and Public holidays.</b>