

	RECORD		QM7-4-R01
	SAMPLE SUBMISSION AND INCOMING INSPECTION FORM		ISO/IEC 17025:2017 Clause 7.4
	Compiled By: QA Department		Issue: 02
	Approved By: Dr K Loggenberg		Date Approved: 2026/09/21
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Lab Reference Nr.	
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Owner:	Name & Surname:		Farm name:	
	Cell number:		Email address:	
	Address:		Signature:	
Sender:	Name & Surname:		Practice name:	
	Cell number:		Email address:	
	Address:		Signature:	
Person responsible for account:	☐ Owner ☐ Sender	VAT number:	Results to be shared with:	☐ Owner ☐ Sender

Animal: For multiple species, see page 2	Species	☐ Bovine ☐ Ovine ☐ Caprine	Name:	
	Other:		Age:	
	Breed:		Gender:	
Clinical History: If applicable				

Sample information	Number:		Collection date:	
	Type:	☐ Blood ☐ Fluid ☐ Organs ☐ Sheath wash ☐ Swabs ☐ Other:		

Test required	Microbiology:	☐ Trichomonas & Campylobacter PCR ☐ Trichomonas only PCR ☐ Campylobacter only PCR ☐ Abortion panel PCR ☐ BVD ☐ BLV ☐ BMCF	Serology: For Brucellosis, please make use of the Br5 form	☐ Brucella abortus RBT ☐ Brucella abortus CFT ☐ Brucella ovis CFT ☐ Brucella melitensis CFT ☐ Pregnancy Test
	Parasitology:	☐ Faecal analysis: McMaster ☐ Faecal analysis: Flukes ☐ Calf Diarrhoea Screening	Microscopy:	☐ Brain smear ☐ Brain smear ☐ Giemsa staining ☐ FAT (Clostridia)
	Other (Please specify):		Reproduction:	☐ Semen eval (stained smear) ☐ Semen eval (frozen)

I AGREE TO INFORMATION BEING SHARED WHERE REQUIRED BY LAW ☐

This form must be completed in full with every submission. Incomplete or unsigned forms may delay testing and result issuing, and WvW Diagnostics reserves the right not to test samples where the form is incomplete or unsigned. WvW Diagnostics may refuse unsuitable samples. Acceptance at Sample Reception does not guarantee suitability for testing. Clients will be notified if submitted samples cannot be tested due to poor sample condition. Samples may be referred to other laboratories, and the owner/sender will be responsible for any associated costs.

For Laboratory use	Received by:		Notes:	
	Date & Time			
	Sample condition:			
	Temp:			

COMPLAINTS: Attention Quality Manager – complaints@wvwdiagnostics.co.za

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Sample number	Animal ID	Breed	Gender	Age
1				
2				
3				
4				
5				
6				
7				
8				
9				
0				
1				
2				
3				
4				
5				
6				
7				
8				
9				
0				
1				
2				
3				
4				
5				
6				
7				
8				
9				
0				