



Te Whare Wānanga o Otago

Disease Research Laboratory
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ETB SAMPLE SUBMISSION FORM

(Each herd must have a separate submission forms)

Laboratory Requirements

All samples must be booked into DRL by phone or email prior to sending. Samples must be submitted either on **Monday, Tuesday or Wednesday** (excluding public holidays) for the blood results to be called out by the AHB on the flowing **Monday**. If samples are submitted outside of these specified intake days they will not be processed until the following week.

Samples must be obtained as per the Deer TB Tester Guidelines. One red topped tube must be used for each specimen from each animal. The tube must be labeled clearly identifying animal the sample has come from displaying either the reactor tag, primary tag, secondary tag or other (in order of preference).

All samples are subject to standard and modified interpretations with the applicable type being decided by the DDCM. Any deer testing questions should be directed to the AHB on 0800 4 TB INFO

Sample results will be emailed to the tester and phoned out to the person in charge of the herd. The tester must not contact DRL seeking results. If you have any general queries regarding the blood process please contact the AHB on 0800 4 TB INFO (0800 4 824 636)

Herd Owner Details	
Herd owner:	Mobile phone:
Farm or herd name:	Home phone:
Postal Address:	Email:
	DDCM name:

Tester Details	
Tester name:	Tester ID
Postal address:	Employer
	Phone:
	Email:

Invoice to be sent to (tick one): Herd Owner Tester

Authorized Signatory _____

Terms & Conditions

The Accounts Receivable Section in the Financial Services Division manages the collection of debt for the University of Otago.

A Statement of all invoices issued in the current month is sent to the debtor at the end of the month. It is University practice that all invoices on these statements are to be paid by the 20th of the month following (normal commercial practice)

If the debt remains unpaid after 90 days, the debt will be referred to a collection agency, collection costs will be incurred by the debtor

ETB Laboratory Request Form

AHB herd no: _____ Test ID: _____

Time _____ Blood collection date: _____

Johnes information sent to Herd owner (Y/N)

	Reactor Tag -- / -----	Farm Tag (Management or other in order of preference)	Sex (M or F)	Skin test result (+ or -)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Tester: The person in charge of the herd must be reminded of there obligations for reactor tagged animals.