# 

# Western Australian Ovine Brucellosis Accreditation Scheme Form 1

# Application for reaccreditation

Forward to: obas@dpird.wa.gov.au

Judy Burson (08 9821 3220)

Department of Primary Industries and Regional Development

10 Dore Street

Katanning WA 6317

I/We \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

of postal address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

hereby apply for the renewal of the accreditation of my/our ram flock by the Department of Primary Industries and Regional Development (DPIRD) as free from *Brucella ovis* infection.

Address of property: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Identification Code (PIC): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OVAC number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Veterinary Surgeon nominated to supervise is ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reaccreditation Fee $199.62**

**I have enclosed a cheque/money order for $199.62 ,** or

**I have paid via credit card through the Katanning Office** (0)8 9821 3333

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Print name Signature

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

For Office use : Project to deposit funds is 100/4123501/ /100/00000000

# Producer and Veterinary Declaration Form 2

OVAC: \_\_\_\_\_\_\_\_\_\_\_\_\_ Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Farm address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , the owner of the ram flock at the above address, and for which herd an application for accreditation has been lodged with the Department of Primary Industries and Regional Development, certify that all rams over the age of six months have been presented for clinical examination and the collection of blood samples on / / (date).

## Owner signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a registered veterinary surgeon, certify that I have clinically examined all rams\* (see footnote below) presented on / / (date) by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(owner)

at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(location)

and that all blood samples for Ovine Brucellosis testing are individually identified as required.

Tick appropriate boxes:

No clinical cases of epididymitis are present in the herd.

Clinical cases are indicated in the ‘comments’ column on the laboratory continuation sheet submitted with the blood samples.

This test is for:

Initial accreditation – 1st test Initial accreditation - 2nd test

Re-accreditation

Part flock Whole flock Introductions Other

Registered veterinarian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Accreditation** - all rams >10months of age and any rams 6-10 months of age with palpable testicular abnormalities, and for **Reaccreditation -** all rams >10 months of age - NB. a sample of the sale rams 10-12 months of age is acceptable (see 2.2.4 of Guidelines for the minimum number of sale rams that need to be tested).

## **Ovine Brucellosis Accreditation Scheme Testing** Form 3

## DPIRD Diagnostic Laboratory Services (DDLS)

3 Baron-Hay Court,

South Perth, WA, 6151

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OVAC: \_\_\_\_\_\_\_\_\_\_\_

PIC: \_\_\_\_\_\_\_\_\_\_\_

This test is for:

Initial accreditation – 1st test Initial accreditation - 2nd test

Re-accreditation

Introductions - 1st test Introductions - 2nd test Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A minimum of 4ml of whole blood should be collected into 5ml or 10ml plastic screw cap serum tubes or Vacutainers that are tested for serum separation. The use of the correct tube is essential to promote clot reaction and avoid haemolysis. Tubes containing lithium heparin or EDTA anticoagulants are unsuitable. Plasma is not suitable for complement fixation tests.**

**For more details consult the DPIRD Diagnostic Laboratory Service Manual.**

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| --- | --- | --- | --- | --- |
| Sample no. | Animal no. | Breed | Result | Comments |
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