	RECORD	SMT-QM-7.1-R-01-03
	SMT VET CUSTOMER TAKE ON FORM	ISO/IEC 17025:2017 Clause 7.1
		REV No: 01
	Compiled By: Quality assurance	Date Approved: 27.05.2022
Approved By: Shirleen Theisinger		Page 1 of 9

CUSTOMER INFORMATION	
PART 1: CUSTOMER TO COMPLETE	
Date:	
Company name:	
Trading as:	
Registration number:	
VAT number:	
Postal address:	
Physical address:	
Details of Company representative:	Name: Surname: Designation: E-mail: Tel no:

Initial Customer: ____

Initial SMT VET: ____



RECORD

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VETERINARY CONSULTING SERVICES

Do you have a referring Veterinarian?

Yes

No

If yes, how do you prefer the communication flow?

Only the client communicates with SMT VET.

Both the client and the referring veterinarian communicate with SMT VET, but the communication from the client overrules the communication from the referring veterinarian.

Both the client and the referring veterinarian communicate with SMT VET, but the communication from the referring veterinarian overrules the communication from the client.

Does the referring veterinarian have your consent to interpret your results before they are released?

Yes

No

Veterinary Practice name:

Details of consulting veterinarian:

Name:

Surname:

E-mail:

Tel no:

Name:

Surname:

E-mail:

Tel no:

Initial Customer: ____

Initial SMT VET: ____



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STATE VETERINARIAN

State Veterinarian details:

Name:

Surname:

Region:

E-mail:

Tel no:

Name:

Surname:

Region:

E-mail:

Tel no:

Name:

Surname:

Region:

E-mail:

Tel no:

Notifiable Diseases:

Do you require notification of the communication to the State Veterinarian?

Note: Reporting of Controlled and Notifiable diseases to the State Veterinarian is compulsory in terms of the Animal diseases Act 35 of 1984 Regulation 12B, or Veterinary Public Health Officer in terms of the Meat Safety Act, 2000 (Act No. 40 of 2000) Section 22 and Non-Proliferation of Weapons of Mass Destruction Act, 1993 (Act No. 87 Of 1993) as amended.


YES

NO

Signature (Company representative):

Initial Customer: _____

Initial SMT VET: _____

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<u>COURIER SERVICES</u>	
Courier arrangements (<i>please tick relevant</i>)	<input type="checkbox"/> Courier (delivery) arranged by client <input type="checkbox"/> Courier (collection) arranged by SMT VET

<u>CONFIRMATION OF METHODS</u>	
Confirmation of suitability of methods to be used (<i>please tick to acknowledge</i>) Alternatively contact SMT LABS key account manager.	<input type="checkbox"/> I hereby acknowledge that I have confirmed that the methods to be used are suitable to meet my test criteria as published on the SANAS website (www.sanas.co.za) SMT LABS (Accreditation no T0678) schedule of accreditation available for download.

Master Copy

Initial Customer: ____

Initial SMT VET: ____



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FARMS DETAILS

<u>FARM NAME:</u>	<u>CONTACT DETAILS OF FARM REPRESENTATIVE:</u>	<u>PHYSICAL LOCATION OF FARM:</u>	<u>GPS COORDINATES:</u>	<u>SMT VET OFFICE USE: FARM CODE</u>
	Name: Surname: E-mail: Tel no:			
	Name: Surname: E-mail: Tel no:			
	Name: Surname: E-mail: Tel no:			
	Name: Surname: E-mail: Tel no:			

Initial Customer: ____

Initial SMT VET: ____




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E-MAIL LISTING AND INVOICING

<u>FARM NAME:</u>	<u>EMAIL LIST</u>			<u>INVOICING</u>		
	<u>RECEIPT OF SAMPLES:</u>	<u>PRELIMINARY REPORT AND NOTIFICATIONS:</u>	<u>FINAL REPORT:</u>	<u>CONTACT PERSON (ACCOUNTS):</u>	<u>DO YOU REQUIRE A PURCHASE ORDER NUMBER:</u>	<u>EMAIL LIST FOR RECEIVING INVOICES AND STATEMENTS:</u>
	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	Name: Surname: E-mail: Tel no:		1. 2. 3. 4.
	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	Name: Surname: E-mail: Tel no:		1. 2. 3. 4.
	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	Name: Surname: E-mail: Tel no:		1. 2. 3. 4.
	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.	Name: Surname: E-mail: Tel no:		1. 2. 3. 4.

Initial Customer: ____

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Please note:

- All quotes submitted for laboratory activities undertaken, Terms and Conditions (SMT-QM-7.1-R-02) and Non-disclosure agreement (SMT-QM-4.2-R-03) shall form part of this form and represent the formal agreement between SMT VET and the customer.
- Refer to the SMT LABS (Accreditation no T0678) Schedule of accreditation available on the SANAS website (www.sanas.co.za) to download.

Master Copy

Initial Customer: ____

Initial SMT VET: ____


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PART 2: VETERINARIAN FILLS IN

Do you require notifications when samples are received at the laboratory?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, confirm e-mail addresses:	1. 2. 3.
Do you require preliminary results?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, confirm e-mail addresses:	1. 2. 3.
Do you require notification of confirmation of presumptive positive results? Please refer to our Terms & Conditions (7.7) "Should the sample provided have a presumptive positive result, please note that further tests must be conducted, which shall result in additional costs. This is part of the test method and is not optional."	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please specify procedure required:	<input type="checkbox"/> E-mail <input type="checkbox"/> Telephonic alert
If telephonic alerts, confirm phone number:	
Avian Influenza and Newcastle Disease Subtyping Salmonella serotyping Note: Reporting of Controlled and Notifiable diseases to the State Veterinarian is compulsory in terms of the Animal diseases Act 35 of 1984 Regulation 12B, or Veterinary Public Health Officer in terms of the Meat Safety Act, 2000 (Act No. 40 of 2000) Section 22 and Non-Proliferation of Weapons of Mass Destruction Act, 1993 (Act No. 87 Of 1993) as amended.	

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SMT VET OFFICE USE

<u>APPROVAL</u>	
Document approved by:	
Date Document approved:	
Received client documents check list:	Sampling plan Specification Client SLA Additional documents
Financial Manager signature:	
Technical Manager signature:	

IMPARTIALITY RISK ASSESSMENT

Declare relationships that exist between laboratory employees (all) and customer:			
Any new risks identified?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If No, record reasoning:			
If Yes, reference RI no:			
Reported by:	Signature:	Date:	

LIMS IMPLEMENTATION

LIMS Operator:	Signature:	Date:	
Technical Manager:	Signature:	Date:	

Initial VET: ____

Initial SMT VET: ____