



Milk And Food Analysis Requisition Form

LAB NO. : _____

DATE OF SUBMISSION : _____

LABORATORY

مركز أبحاث
الطب
البيطري
المركزي

Owner : _____

Sender : _____

Address : _____

Tel : _____ Email: _____

Results to : _____

Sample Details

Sl No.	Sample Type	Sample Id	Sampling Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Tests Required

<u>Milk Analysis</u>	<u>Food Analysis</u>
<input type="checkbox"/> Microbiology <ul style="list-style-type: none"> <input type="checkbox"/> TPC and Total Coliform count only <input type="checkbox"/> Routine milk analysis (TPC, Total Coliform count including pathogen identification, CMT) <input type="checkbox"/> Extended Milk Analysis (TPC with pathogen identification if any, Coliforms and Staphylococcus aureus count, Salmonella culture, CMT & MRT) <input type="checkbox"/> Sensitivity <input type="checkbox"/> Brucella culture 	<input type="checkbox"/> Total plate count <ul style="list-style-type: none"> <input type="checkbox"/> Coliform enumeration <input type="checkbox"/> E.coli enumeration <input type="checkbox"/> Staphylococcus aureus enumeration <input type="checkbox"/> Salmonella species detection <input type="checkbox"/> Listeria monocytogenes detection <input type="checkbox"/> Campylobacter species detection <input type="checkbox"/> Yersinia enterocolitica detection <input type="checkbox"/> Bacillus cereus detection <input type="checkbox"/> Lactobacillus species detection <input type="checkbox"/> Fungus/Yeasts detection <input type="checkbox"/> Antibiotic residue analysis <input type="checkbox"/> Mycotoxin assay
<input type="checkbox"/> CMT <input type="checkbox"/> Milk MRT <input type="checkbox"/> Milk SCC	
<input type="checkbox"/> Antibiotic residue analysis including Aflatoxin M1	
<input type="checkbox"/> Chemical analysis <ul style="list-style-type: none"> <input type="checkbox"/> Fat <input type="checkbox"/> Lactose <input type="checkbox"/> Vitamin C <input type="checkbox"/> Protein <input type="checkbox"/> SNF 	

Others please specify: _____

For additional services please refer CVRL website <http://www.cvrl.ae/services.php>

**CENTRAL
VETERINARY
RESEARCH
LABORATORY**

ص.ب. ٥٩٧، دبي
الإمارات العربية المتحدة
هاتف: +٩٧١٤ ٣٣٧٥١٦٥
فاكس: +٩٧١٤ ٣٣٦٨٦٣٨

P.O. BOX 597, DUBAI
UNITED ARAB EMIRATES
PHONE: +9714 3375165
FAX : +9714 3368638
FAX : +9714 3366568
c v r l @ c v r l . a e
w w w . c v r l . a e