



# General Requisition Form

DIAGNOSTIC NO. : \_\_\_\_\_

SEROLOGY NO. : \_\_\_\_\_

DATE OF SAMPLING : \_\_\_\_\_

DATE OF ARRIVAL : \_\_\_\_\_

**LABORATORY**

مختبر أبحاث  
الطب  
البيطري  
المركزي

**SPECIMEN  
ADVICE**

OWNER'S NAME : \_\_\_\_\_

TRAINER'S NAME : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

TEL. NO. \_\_\_\_\_ FAX/EMAIL \_\_\_\_\_

SPECIES : \_\_\_\_\_ AGE : \_\_\_\_\_ F/M : \_\_\_\_\_

ANIMAL'S NAME : \_\_\_\_\_

SENDER'S NAME : \_\_\_\_\_

HISTORY (ACUTE, CHRONIC OUTBREAK, MORBIDITY/MORTALITY RATE, CLINICAL SYMPTOMS, VACCINATION, TREATMENT ETC.)

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

### MATERIALS/SAMPLES:

- |                                 |   |                                  |
|---------------------------------|---|----------------------------------|
| <input type="checkbox"/> MILK   | <input type="checkbox"/> SWAB                   | <input type="checkbox"/> CARCASS |
| <input type="checkbox"/> BIOPSY | <input type="checkbox"/> SKIN SCRAPINGS/SCABS   | <input type="checkbox"/> FAECES  |
| <input type="checkbox"/> SERUM  | <input type="checkbox"/> OTHERS (SPECIFY) _____ |                                  |

**CENTRAL  
VETERINARY  
RESEARCH  
LABORATORY**

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FAX : +9714 3368638  
FAX : +9714 3366568

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w w w . c v r l . a e

### INVESTIGATIONS REQUIRED:

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> BACTERIAL CULTURE      | <input type="checkbox"/> SENSITIVITY  | <input type="checkbox"/> FUNGAL CULTURE  |
| <input type="checkbox"/> BLOOD CULTURE          | <input type="checkbox"/> PARASITOLOGY | <input type="checkbox"/> VIRUS ISOLATION |
| <input type="checkbox"/> SEROLOGY               | <input type="checkbox"/> PATHOLOGY    | <input type="checkbox"/> PCR             |
| <input type="checkbox"/> OTHERS (SPECIFY) _____ |                                       |  |