



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 3366568
FAX : +9714 3366568

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INVESTIGATIONS REQUIRED:

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> BACTERIOLOGY | <input type="checkbox"/> SENS. & CULTURE | <input type="checkbox"/> FUNGUS |
| <input type="checkbox"/> BLOOD CULTURE | <input type="checkbox"/> PARASITOLOGY | <input type="checkbox"/> VIROLOGY |
| <input type="checkbox"/> SEROLOGY | <input type="checkbox"/> PATHOLOGY | <input type="checkbox"/> PCR |
| <input type="checkbox"/> OTHERS (SPECIFY) _____ | | |