



AVIAN EXPORT TEST REQUISITION FORM

To be filled by customer: (Only typewritten forms are accepted)

DATE AND TIME OF SAMPLING: _____
(IN DD/MM/YYYY FORMAT)

OWNER NAME: _____

CONTACT DETAILS: _____

VETERINARIAN NAME: _____ TEL/MOB: _____

SUBMITTING CLINIC: _____

ADDRESS: _____

RESULTS TO NAME: _____

EMAIL/FAX: _____

INVOICE TO: _____

EXPORT TO: _____

SPECIES: _____ SAMPLE: _____

ANIMAL NAMES/MICROCHIP NUMBERS :

- | | |
|---------|---------|
| 1..... | 11..... |
| 2..... | 12..... |
| 3..... | 13..... |
| 4..... | 14..... |
| 5..... | 15..... |
| 6..... | 16..... |
| 7..... | 17..... |
| 8..... | 18..... |
| 9..... | 19..... |
| 10..... | 20..... |

Avian Influenza Type A Virus	<input type="checkbox"/> Virus Isolation (Including H5, H7, H9)	HI Test <input type="checkbox"/> H5 <input type="checkbox"/> H7 <input type="checkbox"/> H9
Newcastle Disease Virus (APMV type 1)	<input type="checkbox"/> Virus Isolation	<input type="checkbox"/> HI Test <input type="checkbox"/> ELISA

SIGNATURE OF VETERINARIAN: _____ DATE: _____ (DD/MM/YYYY)

Signature affirms that the above information is correct and the microchip number has been verified.
Test will be cancelled if sample tube is unlabelled or arrives without the microchip number.

*Due to stringent regulations, personnel at CVRL are not permitted to add or change information on this form. Once results are finalized, no changes to the information on the form can be made by the submitting clinic, even in the case of minor clerical errors. Please check spelling, microchip numbers and dates thoroughly before sending.

For CVRL use only:

**CENTRAL
VETERINARY
RESEARCH
LABORATORY**

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P. O. BOX 597, DUBAI DATE AND TIME OF ARRIVAL: _____ CASE ID: _____
UNITED ARAB EMIRATES

PHONE: +9714 3375165
FAX : +9714 3368638 INVOICE NO: _____ LAB NO: _____
FAX : +9714 3366568

OTHER REFERENCE NO: _____
c v r l @ c v r l . a e
w w w . c v r l . a e