MILK AND FOOD ANALYSIS REQUISITION FORM

LABORATORY

مختبر أبحاث الطب البيطري المركزي

To be filled by customer:

OWNER: _____

SENDER: _____ TEL/MOB: _____

ADDRESS: _____

RESULTS TO NAME: _____

EMAIL: _____

INVOICE TO: _____

SAMPLE DETAILS

SL NO.	SAMPLE TYPE	SAMPLE ID	DATE AND TIME OF SAMPLING
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

TESTS REQUIRED

MILK ANALYSIS

SPECIES: _____

- ❑ MICROBIOLOGY
  - ❑ TPC AND TOTAL COLIFORM COUNT ONLY
  - ❑ ROUTINE MILK ANALYSIS (TPC, TOTAL COLIFORM COUNT INCLUDING PATHOGEN IDENTIFICATION, CMT)
  - ❑ EXTENDED MILK ANALYSIS (TPC WITH PATHOGEN IDENTIFICATION IF ANY, COLIFORMS AND STAPHYLOCOCCUS AUREUS COUNT, SALMONELLA CULTURE, CMT & MRT)
  - ❑ SENSITIVITY
  - ❑ BRUCELLA CULTURE
- ❑ CMT ❑ MILK MRT ❑ MILK SCC
- ❑ ANTIBIOTIC RESIDUE ANALYSIS INCLUDING AFLATOXIN M1
- ❑ CHEMICAL ANALYSIS
  - ❑ FAT ❑ PROTEIN
  - ❑ LACTOSE ❑ SNF
  - ❑ Vitamin C

FOOD ANALYSIS

- ❑ TOTAL PLATE COUNT
- ❑ COLIFORM ENUMERATION
- ❑ E.COLI ENUMERATION
- ❑ ENTEROBACTERIACEAE ENUMERATION
- ❑ STAPHYLOCOCCUS AUREUS ENUMERATION
- ❑ SALMONELLA SPECIES DETECTION
- ❑ LISTERIA MONOCYTOGENES DETECTION
- ❑ CAMPYLOBACTER SPECIES DETECTION
- ❑ VIBRIO SPECIES DETECTION
- ❑ BACILLUS CEREUS DETECTION
- ❑ FUNGUS/YEASTS DETECTION
- ❑ ANTIBIOTIC RESIDUE ANALYSIS
- ❑ MYCOTOXIN ASSAY

OTHERS PLEASE SPECIFY: _____

CENTRAL VETERINARY RESEARCH LABORATORY

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

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For CVRL use only:

DATE AND TIME OF ARRIVAL: _____ CASE ID: _____

INVOICE NO: _____ LAB NO: _____

OTHER REFERENCE NO: _____