LABORATORY

مختبر أبحاث
الطب
البيطري
المركزي

PET TRAVEL 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 : ____________________

SUBMITTING CLINIC : ____________________

ADDRESS : ____________________

RESULTS TO NAME: ____________________

EMAIL/FAX: ____________________

INVOICE TO: ____________________

Results will be e-mailed/faxed unless an alternative method is selected. SELECT PREFERRED ALTERNATIVE, IF REQUIRED (There will be an additional charge) : POST ☐ OR COURIER ☐

IMPORT FROM ____________________ EXPORT TO ____________________

ANIMAL NAME: ____________________

MICROCHIP NUMBER: ____________________ SPECIES : ____________________

BREED: ____________ SAMPLE: ____________ SEX: M ☐ / F ☐ AGE: ____________

Babesia gibsoni	☐ Blood smear	☐ IFAT		
Babesia canis	☐ Blood smear	☐ IFAT		
Brucella canis	☐ RSAT	☐ IFAT		
Ehrlichia canis	☐ Blood smear	☐ IFAT		
Dirofilaria immitis (Canine & Feline)	☐ Blood smear	☐ Microfiltration	☐ ELISA	☐ KNOTT test
Leishmania infantum	☐ Blood smear	☐ IFAT		
Leptospira interrogans sv Canicola	☐ MAT			
Trypanosoma evansi	☐ Blood smear	☐ CATT	☐ Haematocrit	

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:

DATE AND TIME OF ARRIVAL: ____________________ CASE ID: ____________________

INVOICE NO: ____________________ LAB NO: ____________________

OTHER REFERENCE NO: ____________________

CENTRAL
VETERINARY
RESEARCH
LABORATORY

ص.ب ٥٩٧، دبـــــي
الإمـــارت الـــعربـــية الـــمتحـــدة
هـــــاتف : ٣٣٧٥١٦٥ ٩٧١٤+
فاكـــــس : ٣٣٦٨٦٣٨ ٩٧١٤+

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