



EQUINE IMPORT/EXPORT TEST REQUISITION FORM

To be filled by the veterinarian:

IMPORT/EXPORT NO: _____

DATE AND TIME OF SAMPLING: _____

LABORATORY

مختبر أبحاث
الحيوانات
الطبي
المركزي

OWNER'S NAME: _____

EXPORTER'S/ IMPORTER'S NAME: _____

VETERINARIAN'S NAME: _____

IMPORT/EXPORT

SPECIMEN

ADVICE

SIGNATURE & STAMP: _____

ADDRESS: _____ TEL/MOB: _____

RESULTS TO NAME: _____

EMAIL/FAX: _____

INVOICE TO: _____

IMPORT FROM _____ EXPORT TO _____

QUARANTINE / NON-QUARANTINE

NO.	ANIMAL'S NAME/ID	NO.	ANIMAL'S NAME/ID
1.	_____	11.	_____
2.	_____	12.	_____
3.	_____	13.	_____
4.	_____	14.	_____
5.	_____	15.	_____
6.	_____	16.	_____
7.	_____	17.	_____
8.	_____	18.	_____
9.	_____	19.	_____
10.	_____	20.	_____

MATERIALS/SAMPLES

BLOOD/SERUM SWAB (MENTION SITE) _____

OTHERS (SPECIFY) _____

TEST REQUIRED:

EIA AGID DOURINE STRANGLES EHV1 & EHV4

WEST NILE FEVER: IgM(ELISA) IgG(ELISA) GLANDERS EVA CEM

PIROPLASMOSIS: IFAT ELISA AHS EQUINE INFLUENZA

OTHERS: _____

For CVRL use only:

DATE AND TIME OF ARRIVAL: _____ CASE ID: _____

INVOICE NO: _____ LAB NO: _____

OTHER REFERENCE NO: _____

Ref. No. CVRL/RF05/Rev02

Issue Date: 12/02/2020

CENTRAL
VETERINARY
RESEARCH
LABORATORY

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