



# GENERAL REQUISITION FORM

To be filled by customer:

DATE AND TIME OF SAMPLING: \_\_\_\_\_

## LABORATORY

مختبر أبحاث  
الطب  
البيطري  
المركزي

OWNER'S NAME: \_\_\_\_\_

TRAINER'S NAME: \_\_\_\_\_

## SPECIMEN ADVICE

SENDER'S NAME: \_\_\_\_\_ TEL/MOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SPECIES: \_\_\_\_\_ BREED: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: M  / F

ANIMAL'S NAME/SAMPLE ID : \_\_\_\_\_

RESULTS TO NAME: \_\_\_\_\_

EMAIL/FAX: \_\_\_\_\_

INVOICE TO: \_\_\_\_\_

HISTORY (ACUTE, CHRONIC OUTBREAK, MORBIDITY/MORTALITY RATE, CLINICAL SYMPTOMS, VACCINATION, TREATMENT ETC.)

### SAMPLES SUBMITTED:

- CARCASS       URINE       FAECES       SKIN SCRAPINGS/SCABS/HAIR
- SWAB (MENTION SITE) \_\_\_\_\_  BIOPSY (MENTION SITE) \_\_\_\_\_
- OTHERS (SPECIFY) \_\_\_\_\_

### INVESTIGATIONS REQUIRED:

- BACTERIAL CULTURE       SENSITIVITY       FUNGAL CULTURE
- BLOOD CULTURE       PARASITOLOGY       VIRUS ISOLATION
- POSTMORTEM/NECROPSY       HISTOLOGY/CYTOLOGY
- OTHERS (SPECIFY) \_\_\_\_\_

**CENTRAL  
VETERINARY  
RESEARCH  
LABORATORY**

ص.ب. ٥٩٧، دبي  
الإمارات العربية المتحدة  
هاتف: +٩٧١٤ ٣٣٧٥١٦٥  
فاكس: +٩٧١٤ ٣٣٦٦٥٦٨

### For CVRL use only:

DATE AND TIME OF ARRIVAL: \_\_\_\_\_ CASE ID: \_\_\_\_\_

DATE AND TIME OF PM: \_\_\_\_\_ DIAGNOSTIC NO: \_\_\_\_\_

INVOICE NO: \_\_\_\_\_ OTHER REFERENCE NO: \_\_\_\_\_

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