



AVIAN EXPORT TEST REQUISITION FORM

CASE ID: _____

LAB NO. _____

DATE OF ARRIVAL : _____

مختبر أبحاث
الطب
البيطري
المركزي

OWNER NAME : _____

CONTACT DETAILS : _____

VETERINARIAN NAME : _____

SUBMITTING CLINIC : _____

ADDRESS : _____

RESULTS TO (FAX/EMAIL) : _____

EXPORT TO _____ SAMPLING DATE (DD/MM/YYYY) : _____

ANIMAL NAMES / MICROCHIP NUMBERS : _____

SPECIES : _____ SAMPLE : _____

ANIMAL NAMES:

- | | |
|---------|---------|
| 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

CENTRAL VETERINARY RESEARCH LABORATORY

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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.