



LABORATORY

# PET TRAVEL 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) : \_\_\_\_\_

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/ EXPORT, FROM \_\_\_\_\_ TO \_\_\_\_\_

ANIMAL NAME : \_\_\_\_\_ MICROCHIP NUMBER : \_\_\_\_\_

SPECIES : \_\_\_\_\_ BREED : \_\_\_\_\_ SAMPLE : \_\_\_\_\_

SEX : M  F  AGE : \_\_\_\_\_ SAMPLING DATE (DD/MM/YYYY) : \_\_\_\_\_

Babesia gibsoni	<input type="checkbox"/> Blood smear	<input type="checkbox"/> IFAT
Babesia canis	<input type="checkbox"/> Blood smear	<input type="checkbox"/> IFAT
Brucella canis	<input type="checkbox"/> SAT	<input type="checkbox"/> IFAT
Ehrlichia canis	<input type="checkbox"/> Blood smear	<input type="checkbox"/> IFAT
Dirofilaria immitis (Canine & Feline)	<input type="checkbox"/> Blood smear <input type="checkbox"/> ELISA	<input type="checkbox"/> Microfiltration <input type="checkbox"/> KNOTT test
Leishmania infantum	<input type="checkbox"/> Blood smear	<input type="checkbox"/> IFAT
Leptospira interrogans sv Canicola	<input type="checkbox"/> MAT	
Trypanosoma evansi	<input type="checkbox"/> Blood smear <input type="checkbox"/> Haematocrit	<input type="checkbox"/> CATT

**CENTRAL  
VETERINARY  
RESEARCH  
LABORATORY**

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FAX : +9714 3366568  
cvrl@cvrl.ae  
www.cvrl.ae

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.