



LABORATORY

مختبر أبحاث
القطب
البيطري
المركزي

IMPORT/EXPORT
SPECIMEN
ADVICE

IMPORT/EXPORT NO. _____

DIAGNOSTIC NO. _____

IMPORT/EXPORT TESTING OF EQUINE

SEROLOGY NO. _____

DATE OF SAMPLING: _____

OWNER'S NAME: _____

EXPORTER'S NAME: _____

ADDRESS: _____

_____ TEL. NO. _____ FAX NO. _____

IMPORT/EXPORT* FROM/TO* _____ QUARANTINE/NON-QUARANTINE*

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

MATERIAL/SAMPLES:

BLOOD SWAB (SPECIFY) _____

OTHERS (SPECIFY) _____

TEST REQUIRED:

EIA DOURINE GLANDERS

AHS EVA PIROPLASMOSIS

CEM EQUINE INFLUENZA

OTHERS (SPECIFY) _____

SENDER'S NAME: DR. _____

RESULTS TO: _____ * Delete which ever is inapplicable

CENTRAL
VETERINARY
RESEARCH
LABORATORY

ج.ب. ٥٩٧، دبي
الإمارات العربية المتحدة
اتف: ٣٣٧٥١٦٥
فكس: ٣٣٦٨٦٣٨

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