



**LABORATORY**  
 منقبر ابدان  
 الطب  
 البيطري  
 المركزي  
**SPECIMEN**  
**ADVICE**

DIAGNOSTIC NO. \_\_\_\_\_

SEROLOGY NO. \_\_\_\_\_

DATE: \_\_\_\_\_

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

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

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

\_\_\_\_\_ TEL. NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

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

ANIMAL'S NAME: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

SENDER'S NAME: \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MATERIAL/SAMPLES:**

- |   |  |                                  |
|---|--|----------------------------------|
| <input type="checkbox"/> BLOOD                  | <input type="checkbox"/> SWAB                | <input type="checkbox"/> CARCASS |
| <input type="checkbox"/> BIOPSY                 | <input type="checkbox"/> SKIN SCRAPING/SCABS | <input type="checkbox"/> FAECES  |
| <input type="checkbox"/> OTHERS (SPECIFY) _____ |  |                                  |

**INVESTIGATION REQUESTED:**

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> BACTERIOLOGY           | <input type="checkbox"/> PARASITOLOGY | <input type="checkbox"/> SENS. & CULTURE |
| <input type="checkbox"/> PATHOLOGY              | <input type="checkbox"/> SEROLOGY     | <input type="checkbox"/> VIROLOGY        |
| <input type="checkbox"/> FUNGUS                 | <input type="checkbox"/> CHLAMYDIA    |  |
| <input type="checkbox"/> OTHERS (SPECIFY) _____ |                                       |  |

**CENTRAL  
 VETERINARY  
 RESEARCH  
 LABORATORY**

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CHARGE  NO CHARGE