



HAEMATOLOGY, BIOCHEMISTRY, SEROLOGY & ANALYTICAL CHEMISTRY REQUISITION FORM

To be filled by customer:

DATE AND TIME OF SAMPLING: _____

LABORATORY

مختبر
الطب
البيطري
الوطني

OWNER'S NAME: _____

TRAINER'S NAME: _____

BLOOD

SENDER'S NAME: _____ TEL/MOB: _____

SAMPLE

ADVICE

RESULTS TO NAME: _____

EMAIL/FAX: _____

INVOICE TO: _____

SPECIES: _____

TEST: _____

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.	

SAMPLES SUBMITTED:

BLOOD: EDTA FLUORIDE OXALATE SODIUM CITRATE LITHIUM HEPARIN WITHOUT ANTICOAGULANT

SERUM URINE TISSUE (SPECIFY): _____

OTHERS (SPECIFY) _____

**CENTRAL
VETERINARY
RESEARCH
LABORATORY**

ص.ب: 597، دبي
الإمارات العربية المتحدة
هاتف: +9714 3375165
فاكس: +9714 3368638

For CVRL use only:

P.O. BOX 597, DUBAI DATE AND TIME OF ARRIVAL: _____ CASE ID: _____
UNITED ARAB EMIRATES

PHONE: +9714 3375165

FAX : +9714 3368638

FAX : +9714 3366568

INVOICE NO: _____ LAB NO: _____
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OTHER REFERENCE NO: _____