



MILK AND FOOD ANALYSIS REQUISITION FORM

To be filled by customer:

OWNER: _____

SENDER: _____ TEL/MOB: _____

ADDRESS: _____

RESULTS TO NAME: _____

EMAIL: _____

INVOICE TO: _____

SAMPLE DETAILS

SL NO.	SAMPLE TYPE	SAMPLE ID	DATE AND TIME OF SAMPLING
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

TESTS REQUIRED

<u>MILK ANALYSIS</u>	<u>FOOD ANALYSIS</u>
SPECIES: _____	<input type="checkbox"/> TOTAL PLATE COUNT
<input type="checkbox"/> MICROBIOLOGY	<input type="checkbox"/> COLIFORM ENUMERATION
<input type="checkbox"/> TPC AND TOTAL COLIFORM COUNT ONLY	<input type="checkbox"/> E. COLI ENUMERATION
<input type="checkbox"/> ROUTINE MILK ANALYSIS (TPC, TOTAL COLIFORM COUNT INCLUDING PATHOGEN IDENTIFICATION, CMT)	<input type="checkbox"/> E. COLI O157:H7 DETECTION
<input type="checkbox"/> EXTENDED MILK ANALYSIS (TPC WITH PATHOGEN IDENTIFICATION IF ANY, COLIFORMS AND STAPHYLOCOCCUS AUREUS COUNT, ANTIBIOTIC SENSITIVITY FOR ONE PATHOGEN, CMT, MRT)	<input type="checkbox"/> ENTEROBACTERIACEAE ENUMERATION
<input type="checkbox"/> SALMONELLA CULTURE	<input type="checkbox"/> STAPHYLOCOCCUS AUREUS ENUMERATION
<input type="checkbox"/> ANTIBIOTIC SENSITIVITY TEST	<input type="checkbox"/> SALMONELLA SPECIES DETECTION
<input type="checkbox"/> BRUCELLA CULTURE	<input type="checkbox"/> LISTERIA MONOCYTOGENES DETECTION
<input type="checkbox"/> CMT <input type="checkbox"/> MRT <input type="checkbox"/> MILK SCC	<input type="checkbox"/> CAMPYLOBACTER SPECIES DETECTION
<input type="checkbox"/> CHEMICAL ANALYSIS	<input type="checkbox"/> VIBRIO spp AND AEROMONAS spp DETECTION
<input type="checkbox"/> FAT	<input type="checkbox"/> YERSINIA ENTEROCOLITICA - DETECTION
<input type="checkbox"/> LACTOSE	<input type="checkbox"/> BACILLUS CEREUS DETECTION
<input type="checkbox"/> Vitamin C	<input type="checkbox"/> LACTOBACILLUS SPECIES DETECTION
	<input type="checkbox"/> FUNGUS/YEASTS ENUMERATION
	<input type="checkbox"/> ANTIBIOTIC RESIDUE ANALYSIS (contact lab for details)

OTHERS PLEASE SPECIFY: _____

Note: By completing this requisition form, the customer is agreeing to the terms and conditions provided in CVRL website: <https://www.cvrl.ae/guidelines.php>

For CVRL use only:

DATE AND TIME OF ARRIVAL: _____ CASE ID: _____

INVOICE NO: _____ LAB NO: _____

OTHER REFERENCE NO: _____

CENTRAL VETERINARY RESEARCH LABORATORY

ص.ب: ٥٩٧، دبي
الإمارات العربية المتحدة
هاتف: +٩٧١٤ ٣٣٧٥١٦٥
فكس: +٩٧١٤ ٣٣٦٨٦٣٨

P.O. BOX 597, DUBAI
UNITED ARAB EMIRATES
PHONE: +9714 3375165
FAX : +9714 3368638
FAX : +9714 3366568
cvrl@cvrl.ae
www.cvrl.ae