



GENERAL REQUISITION FORM

To be filled by customer:

DATE AND TIME OF SAMPLING: _____

LABORATORY

مختبر أبحاث
الطب
البيطري
المركزي

OWNER'S NAME: _____

TRAINER'S NAME: _____

SPECIMEN ADVICE

SENDER'S NAME: _____ TEL/MOB: _____

ADDRESS: _____

SPECIES: _____ BREED: _____ AGE: _____ SEX: M / F

ANIMAL'S NAME/SAMPLE ID : _____

RESULTS TO NAME: _____

EMAIL/FAX: _____

INVOICE TO: _____

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

- SAMPLES SUBMITTED:** CARCASS URINE FAECES SKIN SCRAPINGS/SCABS/HAIR SWAB (MENTION SITE) _____ BIOPSY (MENTION SITE) _____ OTHERS (SPECIFY) _____

- INVESTIGATIONS REQUIRED:** BACTERIAL CULTURE SENSITIVITY FUNGAL CULTURE BLOOD CULTURE PARASITOLOGY VIRUS ISOLATION FULL POSTMORTEM NECROPSY ONLY HISTOPATHOLOGY CYTOLOGY TAXIDERMY OTHERS (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: _____

DATE AND TIME OF PM: _____ DIAGNOSTIC NO: _____

INVOICE NO: _____ OTHER REFERENCE NO: _____

**CENTRAL
VETERINARY
RESEARCH
LABORATORY**
 ص.ب. ٥٩٧، دبي
 الإمارات العربية المتحدة
 هاتف: +٩٧١٤ ٣٣٧٥١٦٥
 فاكس: +٩٧١٤ ٣٣٦٦٥٦٨
 P.O. BOX 597, DUBAI
 UNITED ARAB EMIRATES
 PHONE: +9714 3375165
 FAX : +9714 3368638
 FAX : +9714 3366568
 cvrl@cvrl.ae
 www.cvrl.ae