



LABORATORY EXAMINATION REQUEST FORM

LABORATORY ACCESSION NUMBER : (for ADDRL)

DATE SUBMITTED (mm/dd/yy) / /

ORIGIN OF SAMPLES:

Owner/Farm: _____
 Brgy: _____
 Mun: _____
 Prov: _____
 Tel. No.: _____

SUBMITTED BY:

Name: _____
 Address: _____

 Tel. No.: _____

SPECIMEN/QUANTITY SUBMITTED

Species: Cattle _____ Carabao _____ Swine _____ Goat _____
 Sheep _____ Cat _____ Horse _____ Dog _____
 Avian (specify) _____ Others (specify) _____
 Breed: _____
 Age: _____ (yr/mo/wks/days) Sex: Male Female
 Whole animal: live _____ Dead/Sacrificed (Hours since death) _____
 Others: Tissues/organs _____ Blood _____ Serum _____ Swab _____
 Feces _____ Blood slides _____ Others (specify) _____

CASE HISTORY

Date Collected (mm/dd/yy) ____/____/____
 Population: _____ No. sick _____ No. dead _____
 Start of Outbreak (mm/dd/yy): ____/____/____
 CLINICAL SIGNS : _____
 VACCINATION : _____
 TREATMENT/MEDICATION : _____
 NECROPSY FINDINGS : _____
 DISEASE/s SUSPECTED : _____

EXAMINATION REQUESTED: (Refer to AO No.25, PAHC Schedule of Fees and Diagnostic Services)

Pathology : _____
 Virology : _____
 Bacteriology : _____
 Parasitology : _____

PURPOSE:

Diagnostics Local Shipment Imported Under Quarantine Export
 Regulatory Surveillance Disease Investigation Farm Accreditation
 Others (specify) _____



Republic of the Philippines
Department of Agriculture
BUREAU OF ANIMAL INDUSTRY
VETERINARY LABORATORY DIVISION



REVIEW OF REQUEST:

Samples cannot be retrieved once received by the laboratory

Date: _____

Receiving Staff

Conforme