

**LABORATORY SUBMISSION FORM**

Date Received: \_\_\_\_\_

HID No: \_\_\_\_\_ Time Received: \_\_\_\_\_

Sample Collection Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No: \_\_\_\_\_ Email: \_\_\_\_\_

Sender's Name : \_\_\_\_\_ Organization: \_\_\_\_\_

Sender's mobile No: \_\_\_\_\_ Sender's Email: \_\_\_\_\_

Species : \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

Animal ID: \_\_\_\_\_

History (Acute, chronic outbreak, morbidity rate, mortality rate, clinical symptoms, vaccination, treatment etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Material / Sample**

|  |                               |   |
|--|-------------------------------|---|
| <input type="checkbox"/> EDTA Blood        | <input type="checkbox"/> Swab | <input type="checkbox"/> Faeces           |
| <input type="checkbox"/> Li /Heparin Blood | * Cloacal                     | <input type="checkbox"/> Carcass          |
| <input type="checkbox"/> Serum /Plasma     | * Oropharyngeal               | <input type="checkbox"/> Biopsy           |
|  | * Tracheal                    | <input type="checkbox"/> Organ (Specify)  |
|  | * Others (Specify)            | _____                                     |
|  | _____                         | <input type="checkbox"/> Others (Specify) |
|  |                               | _____                                     |

**Investigation Requested:**

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Hematology              | <input type="checkbox"/> Bacterial Culture         | <input type="checkbox"/> Parasitology                      |
| <input type="checkbox"/> Biochemistry            | <input type="checkbox"/> Antibacterial Sensitivity | <input type="checkbox"/> Parasitology Procedure (KOH)      |
| <input type="checkbox"/> Avian Influenza (Elisa) | <input type="checkbox"/> Fungal Culture            | <input type="checkbox"/> Toxicology (Specify)              |
| <input type="checkbox"/> Avian Influenza (PCR)   | <input type="checkbox"/> Anti-Fungal Sensitivity   | _____  |
| • H5N1   | <input type="checkbox"/> Post Mortem               | <input type="checkbox"/> Serology /Elisa (Specify)         |
| • H5N8   | <input type="checkbox"/> Histopathology            | _____  |
| • H7   | <input type="checkbox"/> PCR-DNA Sexing            | <input type="checkbox"/> Molecular Biology (PCR) (Specify) |
| • H9   |  | _____  |
| • H9N2   |  | <input type="checkbox"/> Rapid Test (Immunology) (Specify) |
|  |  | _____  |
|  |  | <input type="checkbox"/> Other Test (Specify)              |
|  |  | _____  |