LABORATORY SUBMISSION FORM

HID No: _____ **Date Received:** _____
Time Received: _____
Sample Collection Date: _____
Sample Collection Time: _____

Owner's Name: _____

Address: _____

Tel. No: _____ **Fax 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.)

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Material / Sample

- ☐ EDTA Blood
- ☐ Li /Heparin Blood
- ☐ Serum /Plasma
- ☐ Swab
  - ☐ Cloacal
  - ☐ Oropharyngeal
  - ☐ Tracheal
  - ☐ Others (Specify) _____
- ☐ Faeces
- ☐ Carcass
- ☐ Biopsy
- ☐ Organ (Specify) _____
- ☐ Others (Specify) _____

Investigation Requested:

- ☐ Hematology
- ☐ Biochemistry
- ☐ Avian Influenza (Elisa)
- ☐ Avian Influenza (PCR)
  - ☐ H5N1
  - ☐ H5N8
  - ☐ H5
  - ☐ H7
  - ☐ H9
  - ☐ H9N2
- ☐ Bacterial Culture
- ☐ Antibacterial Sensitivity
- ☐ Fungal Culture
- ☐ Anti-Fungal Sensitivity
- ☐ Post Mortem
- ☐ Histopathology
- ☐ PCR-DNA Sexing
- ☐ Parasitology
- ☐ Parasitology Procedure (KOH)
- ☐ Toxicology (Specify) _____
- ☐ Serology /Elisa (Specify) _____
- ☐ Molecular Biology (PCR) (Specify) _____
- ☐ Rapid Test (Immunology) (Specify) _____
- ☐ Other Test (Specify) _____