



**LABORATORY EXAMINATION REQUEST FORM  
(GENERAL SAMPLE SUBMISSION)**

<b>LABORATORY ACCESSION NUMBER:</b> (for ADDRL)	<b>DATE SUBMITTED (MM/DD/YY):</b>
<b>ORIGIN OF SAMPLES:</b> Owner/Farm: _____ Barangay: _____ Municipality: _____ Province: _____ Tel. No. _____ Email: _____	<b>SUBMITTED BY:</b> Name: _____ Address: _____ _____ Tel. No. _____ Email: _____

**SPECIMEN / QUANTITY SUBMITTED**

Species:	<input type="checkbox"/> Bovine _____ <input type="checkbox"/> Bubaline _____ <input type="checkbox"/> Swine _____ <input type="checkbox"/> Caprine _____ <input type="checkbox"/> Ovine _____ <input type="checkbox"/> Feline _____ <input type="checkbox"/> Equine _____ <input type="checkbox"/> Canine _____ <input type="checkbox"/> Avian (specify) _____ <input type="checkbox"/> Others _____
Breed:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Age:	yr/mo/wks/days)
Specimen:	Whole Animal <input type="checkbox"/> Live _____ <input type="checkbox"/> Dead/Sacrificed (Hours since death) _____ Others <input type="checkbox"/> Swab _____ <input type="checkbox"/> Blood _____ <input type="checkbox"/> Serum _____ <input type="checkbox"/> Tissues/organs _____ <input type="checkbox"/> Feces _____ <input type="checkbox"/> Blood Smear _____ <input type="checkbox"/> Others _____

**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**

**PATHOLOGY**

- Gross Examination  Complete Blood Count  
 Tissue Processing (Animal tissues only)

**BACTERIOLOGY**

Isolation & ID	RPT	PCR	ELISA
<input type="checkbox"/> Bacterial <input type="checkbox"/> Fungal <input type="checkbox"/> Others _____	<input type="checkbox"/> Brucella spp. <input type="checkbox"/> S. pullorum <input type="checkbox"/> M. synoviae <input type="checkbox"/> M. gallisepticum	<input type="checkbox"/> American fowlbrood <input type="checkbox"/> European fowlbrood	<input type="checkbox"/> M. gallisepticum <input type="checkbox"/> Bacillus spp. <input type="checkbox"/> M. hyopneumoniae <input type="checkbox"/> Q Fever <input type="checkbox"/> M. paratuberculosis <input type="checkbox"/> Others _____ <input type="checkbox"/> M. synoviae _____ <input type="checkbox"/> Actinobacillus pleuropneumoniae

Other Tests:

- Antibiotic Sensitivity Test  Fungal Count  Others \_\_\_\_\_  
 Water Coliform Count  Bacterial Count \_\_\_\_\_

**PARASITOLOGY**

Fecalysis	Blood Parasite Examination
<input type="checkbox"/> Direct Smear <input type="checkbox"/> Test Tube Flotation Method <input type="checkbox"/> McMaster Flotation Method <input type="checkbox"/> Sedimentation Technique	<input type="checkbox"/> Direct Smear _____ <input type="checkbox"/> Stained Smear _____ <input type="checkbox"/> Hematocrit Centrifugation Technique (Surra) <input type="checkbox"/> Mice Inoculation Test (Surra)

Other Tests:

- Skin Scraping Method Examination  Detection and Identification of Honey Bee Parasites/Pests  
 Parasite Identification  Others \_\_\_\_\_  
 Isolation and Identification of Larva

