



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

LABORATORY ACCESSION NUMBER: (for ADDRL)		DATE SUBMITTED (MM/DD/YY):	
ORIGIN OF SAMPLES: Owner/Farm: _____ Barangay: _____ Municipality: _____ Province: _____ Tel. No. _____ Email: _____		SUBMITTED BY: 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			
<input type="checkbox"/> Gross Examination		<input type="checkbox"/> Complete Blood Count	
<input type="checkbox"/> 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"/> Brucella 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:			
<input type="checkbox"/> Antibiotic Sensitivity Test		<input type="checkbox"/> Fungal Count	<input type="checkbox"/> Others _____
<input type="checkbox"/> Water Coliform Count		<input type="checkbox"/> 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:			
<input type="checkbox"/> Skin Scraping Method Examination		<input type="checkbox"/> Detection and Identification of Honey Bee Parasites/Pests	
<input type="checkbox"/> Parasite Identification		<input type="checkbox"/> Others _____	
<input type="checkbox"/> Isolation and Identification of Larva			

