

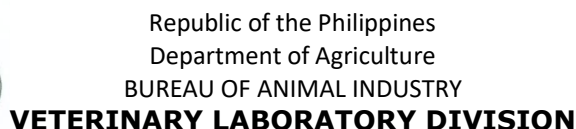


Republic of the Philippines
Department of Agriculture
BUREAU OF ANIMAL INDUSTRY
VETERINARY LABORATORY DIVISION



**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 foulbrood <input type="checkbox"/> European foulbrood	<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 <input type="checkbox"/> Parasite Identification <input type="checkbox"/> Parasites/Pests <input type="checkbox"/> Isolation and Identification of Larva <input type="checkbox"/> Others _____			



VIROLOGY	
Hemagglutination-Inhibition Test (HI) <input type="checkbox"/> Avian Influenza <input type="checkbox"/> Newcastle Disease <input type="checkbox"/> Infectious Bronchitis <input type="checkbox"/> Others_____	Agar Gel Immunodiffusion (AGID) <input type="checkbox"/> Avian Influenza <input type="checkbox"/> Infectious Bursal Disease <input type="checkbox"/> Infectious Laryngotracheitis <input type="checkbox"/> Marek's Disease <input type="checkbox"/> Equine Infectious Anemia <input type="checkbox"/> Others_____
Enzyme Linked Immunosorbent Assay (ELISA)	
Swine <input type="checkbox"/> African Swine Fever <input type="checkbox"/> Classical Swine Fever <input type="checkbox"/> Porcine Circovirus Type 2 <input type="checkbox"/> Porcine Epidemic Diarrhea <input type="checkbox"/> Porcine Parvovirus <input type="checkbox"/> Pseudorabies Virus <input type="checkbox"/> Porcine Reproductive and Respiratory Syndrome <input type="checkbox"/> Swine Influenza	Avian <input type="checkbox"/> Avian Influenza Ruminants <input type="checkbox"/> Bluetongue <input type="checkbox"/> Bovine Leukemia Virus <input type="checkbox"/> Small Ruminant Lentivirus Multispecies <input type="checkbox"/> Foot and Mouth Disease Others _____
Polymerase Chain Reaction (PCR)	
Swine <input type="checkbox"/> African Swine Fever <input type="checkbox"/> Classical Swine Fever <input type="checkbox"/> Porcine Epidemic Diarrhea <input type="checkbox"/> Pseudorabies Virus <input type="checkbox"/> Porcine Reproductive and Respiratory Syndrome <input type="checkbox"/> Swine Influenza <input type="checkbox"/> Transmissible Gastroenteritis	Avian <input type="checkbox"/> Avian Influenza <input type="checkbox"/> Infectious Laryngotracheitis <input type="checkbox"/> Newcastle Disease Multispecies <input type="checkbox"/> Foot and Mouth Disease Others _____
Virus Isolation (Embryonated Egg) _____	*Rabies examination (Please refer to TF RAB-06)
PURPOSE	
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Diagnostics</div> <div style="width: 50%;"><input type="checkbox"/> Local Shipment</div> <div style="width: 50%;"><input type="checkbox"/> Imported Under Quarantine</div> <div style="width: 50%;"><input type="checkbox"/> Export</div> <div style="width: 50%;"><input type="checkbox"/> Regulatory</div> <div style="width: 50%;"><input type="checkbox"/> Surveillance</div> <div style="width: 50%;"><input type="checkbox"/> Disease Investigation</div> <div style="width: 50%;"><input type="checkbox"/> Farm Accreditation</div> <div style="width: 50%;"><input type="checkbox"/> Others_____</div> </div>	
REVIEW OF REQUEST	
<div style="text-align: right;">Date: _____</div> <p>Retrieval of samples will not be allowed once received by the laboratory for purposes of biosafety and biosecurity.</p> <div style="display: flex; justify-content: space-between; margin-top: 100px;"> <div style="width: 45%; text-align: center;"> _____ Receiving Staff </div> <div style="width: 45%; text-align: center;"> _____ Client </div> </div>	
REMARKS	