



Contact Person: Dr. Henry Ting
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Analysis Requisition Form - Veterinary

Company (Company name appear on test report): _____
Address: _____
Contact Person: _____ **Tel:** _____ **Fax:** _____
Email: _____

Billing Company (If different from the above): _____
Address: _____
Contact Person: _____ **Tel:** _____ **Fax:** _____
Email: _____

SAMPLE DESCRIPTIONS		
No	Sample Marking	Lab Number (for lab use only)
1		
2		
3		
4		
5		

Test(s) required: (Please (X) the appropriate boxes)

Serology (Poultry)

- Egg Drop Syndrome Antibody (HI), EDSHI
- Newcastle Disease Virus Antibody (HI), NDHI
- Newcastle Disease Virus Antibody (ELISA), NDV
- Infectious Bursal Disease Virus Antibody (ELISA), IBDV
- Infectious Bronchitis Virus Antibody (ELISA), IBV
- Infectious Laryngotracheitis Antibody (ELISA), ILT
- Reovirus Antibody (ELISA), Reo
- Avian Encephalomyelitis Virus Antibody (ELISA), AE
- Avian Leukosis Virus-J Antibody (ELISA), ALV-J
- Avian Pneumovirus Antibody (ELISA), APV/ART/SHS
- Egg Drop Syndrome Antibody (ELISA), EDS
- Chicken Anaemia Virus (ELISA), CAV
- Mycoplasma synoviae* Antibody (ELISA), Ms
- Mycoplasma gallisepticum* Antibody (ELISA), Mg

Serology (Swine)

- Classical Swine Fever Virus Antibody (ELISA), CSFVAb
- Aujeszky's Disease Antibody (ELISA), PRVgl
- Mycoplasma hyopneumoniae* Antibody (ELISA), Myho
- Porcine Reproductive & Respiratory Syndrome Virus Antibody (ELISA), PRRS

Chemical (Mycotoxin & Histamine)

- Aflatoxin
- Fumonisin
- Ochratoxin
- T-2 Toxin
- Zearalenone
- DON
- Histamine

Microbiology (Water)

- Heterotrophic Plate Count (Pour Plate Method)
- Coliform (MPN Method)
- Total *E. coli* Count (MPN Method)
- Salmonella*

Microbiology (Organ)

- Bacteria Isolation and Identification
- Antibiotic Sensitivity Test

Microbiology (Feed)

- Salmonella*

Chemical (Feed)

- Crude protein
- Crude fat
- Crude fibre
- Ash
- Moisture
- Protein solubility
- Pepsin Digestibility
- Total volatile basic nitrogen
- Salt (as NaCl)
- Calcium (as Ca) by AAS
- Phosphorus (as P) by uv-vis

Chemical (Water)

- pH

If others, please specify below:

1. _____
2. _____

Other specific instruction/request: _____

 Signature Date

For Laboratory Use Only

Comments: _____

Received by: _____ Signature Date Time
 Reviewed & approved by: _____ Signature Date