



### LABORATORY EXAMINATION REQUEST FORM

**Section Unit: RADDL (Regional Animal Disease Diagnostic Laboratory)**

LABORATORY CASE NO.: \_\_\_\_\_  
 DATE/TIME RECEIVED: \_\_\_\_\_  
 SPECIMEN: \_\_\_\_\_  
 \_\_\_\_\_  
 SPECIES: \_\_\_\_\_  
 TEST: \_\_\_\_\_

OWNER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 SOURCE/SITE OF FARM: \_\_\_\_\_  
 CONTACT NO: \_\_\_\_\_  
 BIRTH DATE: \_\_\_\_\_  
 EMAIL ADD: \_\_\_\_\_

Number	Sample ID	Breed	Color	Age	Sex	Cert. of Ownership No.
1						
2						
3						
4						
5						
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26						
27						
28						
29						
30						

Collected By: \_\_\_\_\_  
 \_\_\_\_\_  
 Profession/PRC No. and validity

Date/Time of Collection: \_\_\_\_\_

Concurred By: \_\_\_\_\_  
 \_\_\_\_\_  
 Position/LGU

Purpose: \_\_\_\_\_

Submitted By: \_\_\_\_\_

Received By: \_\_\_\_\_

