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| **PARASITOLOGY LABORATORY** | | | | **LAB. USE ONLY** | | |
| Name :  Address :  Email : | | Tel :  H/P :  Owner : | | **Lab. Ref. No** | | **Received** |
|  | | Date : |
| Time : |
| Species : | | Breed: |
| Case No : | | Sex : |
| Patient ID : | | Age : |
| **Procedure/ Result** | | | | | | |
| **Sample :**  **Technique / Results :** | | | | | | |
| **Comment :** | | | | | | |
| Charge **: RM** | Date : | | Signature: | |  | |
| Parasitologist : | |

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