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| **VIROLOGY LABORATORY** | **LAB USE ONLY** |
| Name :Address : | Tel : H/POwner | **LAB. REF. NO.** | **RECEIVED** |
|  | Date : |
| Time : |
| Species : | Species : |
| Case No: | Sex : |
| E-mail : | Patient ID : | Age : |
| **Procedure** | **Result** |
| 1. Virus Isolation**[ ]** Cell Culture      **[ ]** Egg Inoculation       |  |
| 2. Identification Test |
| 3. Serological Test |
| 4. Others |
| **Comments:**  |  |
| Charge : **RM**  | Date :  | Signature :Virologist : |

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