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| --- | --- | --- | --- | --- | --- |
| **VIROLOGY LABORATORY** | | | | **LAB USE ONLY** | |
| Name :  Address : | | Tel :  H/P  Owner | | **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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