



FACULTY OF VETERINARY MEDICINE
VETERINARY LABORATORY SERVICES UNIT

DOCUMENT CODE: UPM/FPV/VLSU/BR014/SSR

SPECIMEN SUBMISSION & TEST REQUEST FORM

LABORATORY USE ONLY		Lab. Ref. No			Received		
					Date:	Time :	
Patient/Specimen							
Case No:	Patient ID:		Species :		Age :	Previous Lab No. (Repeat)	
Owner :			Breed :		Sex :		
LABORATORY SERVICE(S) REQUESTED	Haematology& Clinical Biochemistry	Parasitology	Bacteriology	Pathology	Biologic	Virology	Aquatic Animal Health
Specimen (type) :						Date:	
Collection Method (<i>if applicable</i>):						Time:	
History/Findings/PM - (<i>for biopsy specimen state : location, size, consistency, rate of growth & duration</i>) :							
Tentative Diagnosis :							
Clinician/Submitter							
I, hereby agree and will be responsible to pay charges for the services rendered by UPM				Address (<i>if applicable</i>) :			
Name :				Student Name:			
IC No. :							
Tel :							
Email :							
Signature (Clinician/Pathologist/Others)				Tel:			
				Email:			
Payment Method : <input type="checkbox"/> UVH <input type="checkbox"/> LO/PO <input type="checkbox"/> Online Transfer <input type="checkbox"/> Cash <input type="checkbox"/> Invoice <input type="checkbox"/> Research Vot:							
Please Fill in PAGE 2 to Request Specific Test(s)							

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