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	Clinical Pathology	Parasitology	Bacteriology	Histopathology	Virology	Post Mortem

Specimen (type):

Collection Method (*if applicable*):

URGENT:
☐ YES
☐ NO

Sample Collection
Date:
Time:

History/Findings/PM - (*for biopsy specimen state: location, size, consistency, rate of growth & duration*):

History:

Clinical Findings:

Tentative Diagnosis:

Clinician/Submitter

I, hereby agree and will be responsible to pay charges for the services rendered by UPM

Name :
IC No. :
Tel :
Email :

Signature
(Clinician/Pathologist/Others)

Address (*if applicable*):

Student Name:
Tel:
Email:

Payment Method : ☐ UVH ☐ LO/PO ☐ Online Transfer ☐ Invoice ☐ Research Vot:

Please Fill in PAGE 2 to Request Specific Test(s)