



LABORATORY

مختبر أبحاث  
القطب  
البيطري  
المركزي

IMPORT/EXPORT  
SPECIMEN  
ADVICE

IMPORT/EXPORT NO. \_\_\_\_\_

DIAGNOSTIC NO. \_\_\_\_\_

IMPORT/EXPORT TESTING OF EQUINE

SEROLOGY NO. \_\_\_\_\_

DATE OF SAMPLING: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

EXPORTER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ TEL. NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

IMPORT/EXPORT\* FROM/TO\* \_\_\_\_\_ QUARANTINE/NON-QUARANTINE\*

NO.	ANIMAL'S NAME	NO.	ANIMAL'S NAME
1.	_____	11.	_____
2.	_____	12.	_____
3.	_____	13.	_____
4.	_____	14.	_____
5.	_____	15.	_____
6.	_____	16.	_____
7.	_____	17.	_____
8.	_____	18.	_____
9.	_____	19.	_____
10.	_____	20.	_____

MATERIAL/SAMPLES:

BLOOD  SWAB (SPECIFY) \_\_\_\_\_

OTHERS (SPECIFY) \_\_\_\_\_

TEST REQUIRED:

EIA  DOURINE  GLANDERS

AHS  EVA  PIROPLASMOSIS

CEM  EQUINE INFLUENZA

OTHERS (SPECIFY) \_\_\_\_\_

SENDER'S NAME: DR. \_\_\_\_\_

RESULTS TO: Equitrans +97143211158 \* Delete which ever is inapplicable

CENTRAL  
VETERINARY  
RESEARCH  
LABORATORY

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