

SAMPLE SUBMISSION FORM FOR DISEASE INVESTIGATION

For, The Assistant Director Disease Investigation Laboratory Directorate of Animal Husbandry Shimla-171005 ☎ +91 94180 85640 ☎ +91-177-2830164-Extn 231 ----- Veterinarian/Case Coordinator: Name of Hospital/ Dispensary/ Farm: District: ☎Phone:		For Lab Use Only					
		Lab ID Number:					
		Samples Received					
		Sample Condition: <input type="checkbox"/> Optimal <input type="checkbox"/> Sub-optimal <input type="checkbox"/> Non-diagnostic					
		Sample Shipped via: <input type="checkbox"/> Messenger <input type="checkbox"/> Courier <input type="checkbox"/> Other					
OPD No.		Owner's Name and Address					
Animal ID:	Species	Sex:	Age:				
Samples Submitted:		Date of Collection:					
Tests Requested:							
<input type="checkbox"/>	Haemogram (Complete Blood Count- CBC)	Hb, PCV, ESR	TLC, DLC, MCV, MCH, MCHC, Haemoprotozoa	<input type="checkbox"/>	Faecal Sample	<input type="checkbox"/>	Skin Scrapping
<input type="checkbox"/>	Urine Test	<input type="checkbox"/>	Urine-Culture	<input type="checkbox"/>	Antibiotic Sensitivity	<input type="checkbox"/>	Milk-Mastitis / Milk- Culture
<input type="checkbox"/>	Pullorum- Testing	<input type="checkbox"/>	Brucellosis SAT/RBPT	<input type="checkbox"/>	TB Test	<input type="checkbox"/>	JD Test
<input type="checkbox"/>	Impression Smear Cytology	<input type="checkbox"/>	Biopsy	<input type="checkbox"/>	Necropsy	<input type="checkbox"/>	Histopathology
<input type="checkbox"/>	Biochemistry Tests	Glucose, Liver Fn, Ca, P, etc.,	Renal Fn. Cholesterol	<input type="checkbox"/> Other Tests (pl. specify)			
<i>DI reserves right to modify the tests requested for efficient case workup.</i>							
Additional History, Vaccination status, treatment etc:							
Condition(s) suspected:							
Certified that the specimen(s) submitted along have been collected by me from the animals described on the date indicated.							
Veterinarian's / Case Coordinators Signature							