

**MALAYSIAN VACCINES AND PHARMACEUTICALS SDN.BHD.
MyLAB DIAGNOSTIC CENTER**

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SAMPLING MATERIAL REQUEST FORM

Document No. DX/R/MATERIAL	Effective Date 01.04.2003	Issue/Rev.No. 2/1	Page/Pages 1/1	Status
Date Requested:		Sampling Date:		Laboratory Ref:

A. FARM ADDRESS

COURIER TO:

1. Farm Name & Address

Tel. No. : _____

B. TEST REQUEST

(Please tick appropriate boxes)		
<u>Item</u>	<u>Quantity</u>	<u>Guidelines:</u>
1. Salmonella Testing Buffered Peptone Water (60mL/bottle)	_____ btl	1. Culled and dead DOC Min: 5 dead and 5 culled chicks Pooled liver, GIT and yolk sac 5 organs/bottle
2. VRE Testing Bring Heart Infusion Broth	_____ btl	2. Chick box liner : mm 10 g/bottle
3. Others Sterile Cotton Buds (30 swabs/pack)	_____ pack	3 Cloacal swabs 2 - 4 wks: Salmonella : min 60 swabs/house (30's/bot) VRE : min 30 swabs/house (6's/bot)
4. Sterile swab (2 pcs/pack)	_____ pack	4. Culled/dead adult bird: - Min: 5 dead/culled birds Pooled liver, Sl. LI and C.tonsils 5 organs/bottle
LABORATORY USE ONLY		Note: Feed sample in clean plastic bags (100 g/sample) Water sample in clean mineral bottle (500 mL/bottle)
1. BPW 60 mL	_____ btl	Date collected / dispatched _____
2. Cotton Swabs	_____ pack	Prepared by, _____
3. Sterile gauze	_____ pack	Remarks

Requested by:



TEST CHARGES ARE INCLUSIVE OF SAMPLING MATERIALS. PLEASE ORDER SUFFICIENT AMOUNT EQUIVALENT TO SAMPLING NUMBER. UNRETURNED SAMPLING MATERIALS WILL BE CHARGED ACCORDINGLY