

MALAYSIAN VACCINES AND PHARMACEUTICALS SDN.BHD.

MyLAB DIAGNOSTIC CENTER

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TEST REQUEST FORM				
Document.No. DX/R/REQUEST	Effective Date 01.04.2003	Issue/Rev.No. 4/3	Page/Pages 1/1	Status
Customers Ref.No.		Laboratory Use Only		
Sampling Date :		Date Received :	_____	
		Laboratory Ref. No. :	_____	
		Remarks :	_____	
		Received by :	_____	

A. FARM ADDRESS

BILLING ADDRESS

1. Farm Name & Address

2. e-mail address _____

B. SAMPLE IDENTIFICATION

1. General Identification

Farm Code	Species/Breed	Age	Sex
Test Requested:			

2. Types of samples

Sample type	Sample I.D.	Quantity

Reporting Clinician: _____

Date: _____



MyLAB Diagnostic Center
Blok Grana UKM-MTDC Smart Technology Center
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