



APPLICATION FOR ANIMAL HEALTH LABORATORY SERVICES

[This form may take you 10 minutes to fill in.]

1. REQUESTOR INFORMATION (Mandatory)

Requestor Name Mr/Mrs/Ms/Dr# (Pls. underline surname/family name)			Personal ID No.		
Company Name			Biz Registration No.		
Your Ref.			Referring Veterinarian		
Office No.	Mobile No.	Fax No.	Email		
Billing Address			Mailing Address (if different from Billing Address)		
Postal Code			Postal Code		
Payment GIRO / Non-GIRO#			Method of receiving report: <input type="checkbox"/> Mail / <input type="checkbox"/> Fax / <input type="checkbox"/> Email / <input type="checkbox"/> Self Collection^ (Choose 1 ONLY. If left blank, report will be sent by fax ONLY.)		
Total Amount Payable : S\$			Pls. indicate contact person and number for self collection		

2. SPECIAL INSTRUCTIONS The report will be addressed to the Requestor unless otherwise specified

Sample Handling / Testing / Reporting / General Instructions

3. PURPOSE OF SUBMISSION

<input type="checkbox"/> Export from Singapore (Date) Country of destination:	<input type="checkbox"/> Clinical
<input type="checkbox"/> Import into Singapore (Date) Country in which animal last resided:	<input type="checkbox"/> Others (Please specify)

4. ACKNOWLEDGEMENT BY REQUESTOR

Terms & Conditions:

- All specimens submitted for testing are the sole property of APHC and will not be returned to the submitter. The specimens will be discarded once testing is completed. Special arrangements are available for animal carcasses submitted for PM examination.
- Additional laboratory reports / amendment to issued laboratory reports requested by submitter will be chargeable.
- The mention of trade name(s) is NOT an endorsement for the product(s) by AVA. Any unauthorized reproduction or abuse of the AVA laboratory report shall constitute an offence under Section 38(1) and (2) of the AVA Act and is subjected to prosecution.
- Submission of overseas samples must be accompanied by a letter of permission to import, issued by AVA and endorsed at the Customs. For enquiries please email to CHAN_Geok_Hua@ava.gov.sg or Julie_CHUA@ava.gov.sg.
- A test report will generally be issued within 10 days from the date of receipt of sample(s), and will only be released upon payment. **Note:** Due to the nature of certain test methods, some tests may take more than 10 days to complete. Please refer to our service booklet for specific turn-around times.
- Payment terms: 30 days from date of invoice. Late payment will incur a \$20 surcharge.

I agree to the above terms & conditions stated and hereby submit the sample(s) for testing.

Name of requestor / veterinarian#	Signature	Date

Please delete where applicable.

^Please tick accordingly.

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5. ANIMAL / SPECIMEN DETAILS (INSTRUCTIONS: Please use a separate form for each species and each owner, unless requested by the lab to do otherwise)

5.1 Owner / Animal Details (Mandatory for Export Testing of Pets / Zoological Collections / Horses)

Owner	Pet's Name	Microchip No.
Species	Gender^ <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of origin
Breed	<input type="checkbox"/> Intact <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed	Age Yr Mth

5.2 Specimen Condition (Decomposed animals will not be accepted)

<input type="checkbox"/> Live	<input type="checkbox"/> Fixed Tissues Organ type: Fixative:	<input type="checkbox"/> Others (Please specify)
<input type="checkbox"/> Dead	<input type="radio"/> Chilled at 4°C Yes / No <input type="radio"/> Date & Time of Demise (Date)	<input type="radio"/> Euthanised Yes / No <input type="radio"/> Save animal carcass for return Yes / No <i>*Conditions apply – please check with the Animal Health Laboratory Department</i>

5.3 For Vaccines ONLY

Name of vaccine / product	Batch No.	Expiry Date
Manufacturer	Country of Manufacture	
Date of Import / Production	Import License No. (Imported vaccine / product)	

5.4 Sample Description^ (Mandatory. Please attach Annex A for submission of more than 1 specimen)

<input type="checkbox"/> Animal Carcass	<input type="checkbox"/> Culture**	<input type="checkbox"/> Feed	<input type="checkbox"/> Serum	<input type="checkbox"/> Tissue**	<input type="checkbox"/> Water**
<input type="checkbox"/> Blood (Plain / EDTA)#	<input type="checkbox"/> DNA / RNA	<input type="checkbox"/> Fine Needle Aspirate	<input type="checkbox"/> Slide for Cytology**	<input type="checkbox"/> Urine	<input type="checkbox"/> Other**
<input type="checkbox"/> Bodily Fluid**	<input type="checkbox"/> Faeces	<input type="checkbox"/> Organ**	<input type="checkbox"/> Swab**	<input type="checkbox"/> Veterinary Product**	

** Please specify

Sample ID	No. submitted	Quantity per container	Sampling Date / Time
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6. CLINICAL HISTORY / SIGNS

(Include management details, diagnosis, treatments, and vaccination status. Please indicate vaccination history that is relevant to the requested tests. Attach separate sheet(s) if necessary.)

7. TESTING SERVICES^

Pathology <input type="checkbox"/> Post-mortem <input type="checkbox"/> Cytology <input type="checkbox"/> Histopathology (attach dermatology form for skin cases)	Serology <input type="checkbox"/> <i>Brucella canis</i> TAT <input type="checkbox"/> <i>Leptospira canicola</i> MAT <input type="checkbox"/> <i>Ehrlichia canis</i> IFAT (screening) <input type="checkbox"/> <i>Leishmania infantum / donavani</i> ELISA <input type="checkbox"/> <i>Babesia gibsoni</i> IFAT <input type="checkbox"/> Rabies Virus Antibody ELISA (qualitative) <input type="checkbox"/> <i>Toxoplasma gondii</i> IFAT (cats & dogs <u>ONLY</u>) <input type="checkbox"/> <i>Babesia caballi</i> cELISA <input type="checkbox"/> <i>Babesia caballi</i> IFAT <input type="checkbox"/> Equine Infectious Anaemia Virus AGPT <input type="checkbox"/> Equine Viral Arteritis Virus SNT <input type="checkbox"/> <i>Theileria equi</i> IFAT <input type="checkbox"/> <i>Theileria equi</i> cELISA <input type="checkbox"/> <i>Trypanosoma evansii</i> CATT <input type="checkbox"/> <i>Trypanosoma evansii</i> ELISA <input type="checkbox"/> Avian Influenza Virus (H5) HI antibody titre <input type="checkbox"/> Avian Influenza Virus (H7) HI antibody titre <input type="checkbox"/> Influenza A virus antibody immunoassay <input type="checkbox"/> Newcastle Disease Virus (NDV) HI antibody titre	Bacteriology <input type="checkbox"/> Routine aerobic bacterial culture <input type="checkbox"/> Routine anaerobic bacterial culture <input type="checkbox"/> <i>Salmonella</i> culture <input type="checkbox"/> <i>Streptococcus equi</i> culture <input type="checkbox"/> <i>Taylorella equigenitalis</i> culture <input type="checkbox"/> <i>Burkholderia pseudomallei</i> culture <input type="checkbox"/> Necrotising Hepatopancreatitis Bacterium (NHPB) PCR <input type="checkbox"/> Total bacterial count <input type="checkbox"/> Faecal coliform count <input type="checkbox"/> <i>Escherichia coli</i> count <input type="checkbox"/> Total <i>Vibrio</i> count <input type="checkbox"/> Total Coliform Count For bacterial culture only: <input type="checkbox"/> Antibiotic sensitivity tests required (tick <u>ONLY</u> if necessary as charges may be incurred, test will not be done if left blank)
Parasitology <input type="checkbox"/> Hookworm FFT (qualitative) <input type="checkbox"/> <i>Dirofilaria immitis</i> rapid test <input type="checkbox"/> Knott's microfilariae test <input type="checkbox"/> Haemoparasite blood smear	Biologics QC Testing <input type="checkbox"/> Titration <input type="checkbox"/> Inactivation <input type="checkbox"/> Sterility <input type="checkbox"/> Vacuum & Appearance	Virology <input type="checkbox"/> Equine Influenza Virus (EIV) PCR <input type="checkbox"/> Avian Influenza Virus / Newcastle Disease Virus isolation <input type="checkbox"/> Avian Influenza Virus (Influenza A Virus) PCR <input type="checkbox"/> Koi Herpes Virus (KHV) PCR <input type="checkbox"/> White Spot Syndrome Virus (WSSV) PCR

Other tests – please specify [A full description of tests available can be found in AHLD's booklet of "Diagnostic and Laboratory Services" (available from our website and for reference at APHC)]

Delete where applicable.

^Please tick accordingly.

