



Republic of the Philippines DEPARTMENT OF AGRICULTURE

NATIONAL MEAT INSPECTION SERVICE

No.4 Visayas Avenue, Brgy. Vasra, Quezon City Tel. Nos. 924-7980, 921-4473; Fax No. 456-6368 Website: www.nmis.gov.ph e-mail:nmis@nmis.gov.ph

LABORATORY REQUEST FORM

All data collected is used for the legitimate purpose of the stated form and adheres with the compliance to the Data Privacy Act of 2012.

CLIENT:			*LD Control No(s):			
ADDRESS:			SOA No:			
			OR No:			_
CONTACT NO	S:	EMAIL ADDRESS:				
		ealer □ Consumer □ MCP □		er		
Samples for Lanstructions for the second sec	MPLE INFORMATION aboratory Test must be hygieni e client on how to fill-up this section: ple code, if any, in the "Client's Sample ble Description and Details", write the e sample and brand name, if any. Inported samples, provide the batch le Source" box: In Local samples, indicate the name aler source, if possible. Imported samples, indicate the name auntry where the sample/s were source	le Code" e type of sample (species & meat //ot number of the sample and the co of the slaughterhouse, meat cutting ne of the local cold storage wareho	part classification ontainer number wh g plant, or poultry	/cuts) you are nere the sampl dressing plant	e submitting, v le/s were kept t source and i	vith batch
f. Fill up th Client's Sample Code	Sample Type, Description and Details [Batch/Lot #, Container # (if any)]	Sample Source Local: SLH/PDP/MCP, Farm Imported: CSW, FME, Country	Production Date	Expiration Date	Sampling Date	Weigh (grams
whatever lega sample shall l	fy that all the above informated purpose it may serve and be disposed accordingly.					

Purpose of Labo		T						
	g Program	□ Thesis/Resear	rch					
	Local Trade Complaint Others: (specify)							
	of OMIC (Export) (samples mus							
EXAMINATION: (Kindly tick the box for requested tests and check its respective sample requirements)								
PHYSICAL TEST	S (2 Days) □ <i>average sample w</i> e	eight must he 250g, m	inimum:					
	otic Test (Php 50.00)	signi masi be 200g, m	mmum,					
	,		ure must be 10°C or below. and □average sample weight or cecal content or intact ceccum, minimum;					
	Plate Count/ Aerobic Plate Co							
	coccus aureus (Php 350.00)		E. Coli (Php 350.00)					
	lla sp. (Php 350.00)		E. Coli & E. Coli O157;H7 (Php 700.00)					
• •	bacter (Php 3,316.00) nd Sensitivity Test (Php1,500/pa		Yeast and Molds (Php 300.00)					
□ Culture a	Gram Positive AST	arier)						
	Gram Negative AST							
minimum;	• • • • • •		issues and; □average sample weight must be 250g,					
□ Trichinella	a spp. Identification (Php 150.0	0)	□ Others: (specify)					
CHEMICAL/VETE must be 250g, mini		ESTS □ Samples shou	uld not include fat tissues and; □average sample weight					
o Microbial Inhi	bition Test (5 Days)							
	ams (Php 375.00)		Aminoglycosides (Php 375.00)					
•	ines (Php 375.00)		Macrolides (Php 375.00)					
□ Sulfonam	ides (Php 375.00)		Quinolones (Php 375.00)					
o Enzyme-Linke	ed ImmunoSorbent Assay (EL	ISA) (6 Days)						
•	phenicol (Php1,500)		Olaquindox (Php1,500)					
	n AOZ (Php1,500)		Nitrofuran AMOZ (Php1,500)					
□ Beta-ago	nists (Php1,500)		- ···· · · · · · · · · · · · · · · · ·					
□ Corticoste	eroids (Php1,500)		Ractopamine (Php1,500)					
MOLECULAR BIO	OLOGY TESTS (5 Days) □ <i>ave</i>	rage sample weight is	5g at minimum					
 Species Ider 	ntification							
•	en, Cattle, Sheep, Swine and	Horse (Php1,500) □	Buffalo (Php1,500)					
□ Dog and Ca	•	, ,	, , ,					
Dologoing of Lak	a create my Decults							
Releasing of Lak	o Central Office	□ Pegiste	red Mail with return card (mailing fee applies)					
	○ Regional Office (specify)		(mailing fee applies)					
	Tregional Office (specify)		(mailing ree applies)					
	d up by NMIS-LD Personnel) f Laboratory Result:							
I have properly ch	necked that the sample/s subn	nitted met the NMIS	requirements and this form is properly accomplished					
,	,							
Receiving Officer	(Signature over printed name)) Date Received						