Republic of the Philippines
DEPARTMENT OF AGRICULTURE
NATIONAL MEAT INSPECTION SERVICE
RTOC I Regional Satellite Meat Laboratory
Brgy. Anonas West, Urdaneta City, Pangasinan
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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:_____   ***LS Control No(s):**_____

ADDRESS:_____   SOA No:_____

_____   OR No:_____

CONTACT NOS:_____   EMAIL ADDRESS:_____

Client Classification (Check what is applicable)
□   Importer/Exporter   □   Meat Dealer□   Consumer   □   Plant Officer
□   SLH   □   PDP   □   MPP   □   MCP   □   CSW
LTO NO.:   _____(if applicable)

GENERAL SAMPLE INFORMATION
<u>Samples for Laboratory Test must be hygienically and individually packed, sealed and labelled, with no unusual odor.</u>
Instructions for the client on how to fill-up this section:
1. *Put your sample code, if any, in the "Client's Sample Code"*
2. *In the "Sample Description and Details", write the type of sample (species & meat part classification/cuts) you are submitting, with batch/lot number of the sample and brand name, if any.*
   a. *For Imported samples, provide the batch/lot number of the sample and the container number where the sample/s were kept.*
3. *In the "Sample Source" box:*
   a. *For Local samples, indicate the name of the slaughterhouse, meat cutting plant, or poultry dressing plant source and the farm/hog dealer source, if possible.*
   b. *For Imported samples, indicate the name of the local cold storage warehouse and the name of the Foreign Meat Establishment and country where the sample/s were sourced.*
4. *Fill up the remaining boxes accordingly.*

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	Weight (grams)

I hereby certify that all the above information is true and correct. All information provided herein can be used for whatever legal purpose it may serve and unclaimed test reports beyond six months shall be forfeited and the sample shall be disposed accordingly.

_____   _____
Client's signature over printed name   Date

Purpose of Laboratory Test:

- □ Monitoring Program
- □ For Local Trade
- □ Issuance of COMI (Imported)
- □ Issuance of OMIC (Export) *(samples must follow prescribed export guidelines)*

- □ Thesis/Research
- □ Complaint
- □ Others: (specify)_____

EXAMINATION: (Kindly check requested tests)

PHYSICAL TESTS (2 Days) □*average sample weight must be 250g, minimum;*
- □ Organoleptic Test (Php 50.00)
- □ pH (Php 35.00)

MICROBIOLOGICAL TESTS (7-16 Days) □*average sample temperature must be 10°C or below. and* □*average sample weight must be 250g for meat, minimum;* □*average sample weight must be 50g for cecal content or intact ceccum, minimum;*

- □ Standard Plate Count/ Aerobic Plate Count (Php 150.00)
- □ Staphylococcus aureus (Php 350.00)
- □ Salmonella sp. (Php 350.00)
- □ Campylobacter (Php 3,316.00)
- □ Coliform Count (Php 150.00)
- □ E. Coli (Php 350.00)
- □ E. Coli & E. Coli O157;H7 (Php 700.00)

CHEMICAL/VETERINARY DRUG RESIDUE TESTS □*Samples should not include fat tissues and*; □*average sample weight must be 250g, minimum;*

o Microbial Inhibition Test (5 Days)
- □ Beta-lactams (Php 375.00)
- □ Tetracyclines (Php 375.00)
- □ Sulfonamides (Php 375.00)
- □ Aminoglycosides (Php 375.00)
- □ Macrolides (Php 375.00)
- □ Quinolones (Php 375.00)

Releasing of Laboratory Result:
- □ Pick-up: ○ Central Office
  ○ Regional Office
- □ Registered Mail with return card (mailing fee applies)
- □ Courier (mailing fee applies)

(This part is to be filled up by NMIS-LS Personnel)

Expected Date of Laboratory Result:_____

I have properly checked that the sample/s submitted met the NMIS requirements and this form is properly accomplished.

_____   _____
Receiving Officer (Signature over printed name)   Date Received