



LABORATORY
 مختبر أبحاث
 الطب
 البيطري
 المركزي
BLOOD
SAMPLE
ADVICE

OWNER'S NAME: _____ DATE: _____

TRAINER'S NAME: _____ SPECIES: _____

NO. _____ ANIMAL'S NAME: _____ TEST: _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

**CENTRAL
 VETERINARY
 RESEARCH
 LABORATORY**

ج.ب. ٥٩٧، دبي
 الإمارات العربية المتحدة
 هاتف: ٣٣٧٥١٦٥
 فاكس: ٣٣٦٨٦٣٨

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SENDER'S NAME: DR. _____

RESULTS TO: _____

CHARGE

NO CHARGE