



**OFFICE OF THE CORELAB 1
ADVANCED ANIMAL DISEASE DIAGNOSIS & MANAGEMENT CONSORTIUM
COLLEGE OF VETERINARY SCIENCE, AAU, KHANAPARA, GUWAHATI-781022**



File No:

Date.....

Owner's name:

Ph No.

Address:

Ref.no:

species:

Clinical symptoms:

Post mortem findings:

Type of sample:

Date of collection:

Date of received in laboratory:

Sample ID no:

TYPE OF EXAMINATION	
Helminths	<i>Microscopic:</i> <i>Molecular:</i> <i>Serological:</i>
Blood protozoa	<i>Microscopic:</i> <i>Molecular:</i> <i>Serological</i>
Ectoparasite/ Arthropod	<i>Microscopic:</i> <i>Molecular:</i>
RESULT:	
SUGGESTION/COMMENT:	

Signature of the Investigator

Signature Of the In-charge

Contact in 09435014705 / 09435558788 E mail : drskdas53@gmail.com / nnbarman@gmail.com