



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

**File No:**

**Date.....**

To

.....

.....

Animal/bird species.....: No affected..... No died.....

History of outbreak/treatment.....

Date of collection ..... Date of dispatch .....

SI No.	Lab code No.	Type of sample	Type of exam to be carried out	Result of the test
1				
2				
3				
4				
5				
6				
7				
8				

Kindly process the sample for early confirmation of the cause of ailment.

Signature of the Investigator

Signature Of Incharge

Contact in 09435014705 / 09435558788 ; E mail : [drskdas53@gmail.com](mailto:drskdas53@gmail.com) / [nnbarman@gmail.com](mailto:nnbarman@gmail.com)