

**STATE VETERINARY DIAGNOSTIC LABORATORY**

Department of Veterinary Services Sarawak,  
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**SVDL-P-F04****VETERINARY PUBLIC HEALTH UNIT TEST REQUEST FORM***(Borang Permohonan Ujian Sampel Makmal Kesihatan Awam Veterinar)*

|   |   |   |  |   |   |
|---|---|---|--|---|---|
| <b>SECTION A – SUBMITTER’S INFORMATION (Maklumat Penghantar)</b>    |   |   |  |   |   |
| Reference No:<br><i>(No. Rujukan)</i>                               | <input type="text"/>  |   |  |   |   |
| Name:<br><i>(Nama)</i>  | <input type="text"/>  |   |  |   |   |
| Address:<br><i>(Alamat)</i>   | <input type="text"/>  |   |  |   |   |
|   | <input type="text"/>  |   |  |   | Post Code:<br><i>(Poskod)</i>                             |
|   | <input type="text"/>  |   |  |   | <input type="text"/>                                      |
| Tel. No:<br><i>(No. Tel)</i>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                                       | <input type="text"/>                              | Email: <input type="text"/>                               |
| AIM OF ANALYSIS:<br><i>(Tujuan Analisa)</i>                         | <input type="checkbox"/> Monitoring<br><i>(Pemantauan)</i>  | <input type="checkbox"/> Surveillance<br><i>(Survelan)</i>  | <input type="checkbox"/> Diagnostic<br><i>(Diagnostik)</i> | <input type="checkbox"/> Import                   | <input type="checkbox"/> Export<br><i>(Eksport)</i>       |
|   | <input type="checkbox"/> Others<br><i>(Lain-lain)</i> ..... |   |  |   |   |
| <b>SECTION B - MANUFACTURER’S INFORMATION (Maklumat Pengeluar)</b>  |   |   |  |   |   |
| Name:<br><i>(Nama)</i>  | <input type="text"/>  |   |  |   |   |
| Address:<br><i>(Alamat)</i>   | <input type="text"/>  |   |  |   |   |
|   | <input type="text"/>  |   |  |   | Post Code:<br><i>(Poskod)</i>                             |
|   | <input type="text"/>  |   |  |   | <input type="text"/>                                      |
| Tel. No:<br><i>(No. Tel)</i>  | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                                       | <input type="text"/>                              | Email: <input type="text"/>                               |
| <b>SECTION C - PRODUCT ORIGIN (Maklumat Asal Produk)</b>            |   |   |  |   |   |
| Product Description:<br><i>(Deskripsi Produk)</i>                   | <input type="text"/>  | Product Manufacturer:<br><i>(Pengeluar Produk)</i>          | <input type="text"/>                                       |   |   |
| Establishment ID/<br>ID Premis:                                     | <input type="text"/>  | Country of Origin:<br><i>(Negara Asal)</i>                  | <input type="text"/>                                       |   |   |
| <b>SECTION D - SAMPLING INFORMATION (Maklumat Pensampelan)</b>      |   |   |  |   |   |
| Date of Sampling:<br><i>(Tarikh Pensampelan)</i>                    | <input type="text"/>  | /   | <input type="text"/>                                       | /   | <input type="text"/>                                      |
|   | <input type="text"/>  |   | <input type="text"/>                                       |   | Sampling Place:<br><i>(Tempat Pensampelan)</i>            |
|   | <input type="text"/>  |   | <input type="text"/>                                       |   | <input type="text"/>                                      |
| Type of Sample:<br><i>(Jenis Sampel)</i>                            | <input type="checkbox"/> Avian                              | <input type="checkbox"/> Porcine                            | <input type="checkbox"/> Bovine                            | <input type="checkbox"/> Feed                     | <input type="checkbox"/> Water                            |
|   | <input type="checkbox"/> Environmental                      |   |  |   | <input type="checkbox"/> Others<br><i>Lain-lain</i> ..... |
| No.   | Sample ID No. or Marking<br><i>(ID/Tanda Pada Sampel)</i>   | Sample Description<br><i>(Deskripsi Sampel)</i>             | Batch No.<br><i>(No. Kumpulan)</i>                         | Quantity (pc,<br>bot. or pk)<br><i>(Kuantiti)</i> | Other Information<br><i>(Maklumat Lain)</i>               |
| 1   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                                       | <input type="text"/>                              | <input type="text"/>                                      |
| 2   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                                       | <input type="text"/>                              | <input type="text"/>                                      |
| 3   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                                       | <input type="text"/>                              | <input type="text"/>                                      |
| 4   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                                       | <input type="text"/>                              | <input type="text"/>                                      |
| 5   | <input type="text"/>  | <input type="text"/>  | <input type="text"/>                                       | <input type="text"/>                              | <input type="text"/>                                      |
| Signature & Official Stamp:<br><i>(Tandatangan &amp; Cop Rasmi)</i> |   |   |  | Date:<br><i>(Tarikh)</i>                          | <input type="text"/>                                      |
|   |   |   |  |   | <input type="text"/>                                      |
| <b>SECTION E – FOR LABORATORY USE ONLY</b>                          |   |   | <b>FOR LAB SECTION USE ONLY</b>                            |   |   |
| Lab Ref. No:  | <input type="text"/>  | /   | <input type="text"/>                                       | Test Suitability                                  | Yes   |
|   | <input type="text"/>  |   | <input type="text"/>                                       |   | No  |
| Date Received   | <input type="text"/>  | /   | <input type="text"/>                                       | Appropriate sample                                | <input type="checkbox"/>                                  |
|   | <input type="text"/>  |   | <input type="text"/>                                       |   | <input type="checkbox"/>                                  |
| Sample:   | <input type="checkbox"/> Sealed                             | <input type="checkbox"/> Unsealed                           | <input type="checkbox"/> Composite                         | Appropriate test method                           | <input type="checkbox"/>                                  |
|   |   |   |  |   | <input type="checkbox"/>                                  |
| Sample Condition:   | <input type="checkbox"/> Room                               | <input type="checkbox"/> Frozen                             | <input type="checkbox"/> Chilled                           | Competent personnel                               | <input type="checkbox"/>                                  |
|   |   |   |  |   | <input type="checkbox"/>                                  |
| Name:   | Signature:  |   |  | Adequacy of resources                             | <input type="checkbox"/>                                  |
|   |   |   |  |   | <input type="checkbox"/>                                  |
| Section:  | <input type="checkbox"/> Food Microbiology                  | <input type="checkbox"/> Drug, Hormone & Pesticide Residues | <input type="checkbox"/> Quality & Nutrition               | <input type="checkbox"/> Additives & Contaminants | <input type="checkbox"/> Others                           |
| <b>SECTION F (SAMPLE RECEIVED) ✕</b> .....                          |   |   |  |   |   |
| Received by:  | Lab Ref. No:  | <input type="text"/>  | /  | <input type="text"/>                              | Tel. No: (082) 612949/611607                              |
|   |   | <input type="text"/>  |  | <input type="text"/>                              |   |
| Signature:  | Time:   | <input type="text"/>  | Date:  | <input type="text"/>                              | <input type="text"/>                                      |
|   |   | <input type="text"/>  |  | <input type="text"/>                              | <input type="text"/>                                      |

| SECTION G - TEST REQUESTED ( <i>Ujian Dipohon</i> )  |  |  |  |  |
|--|--|--|--|--|
| FOOD MICROBIOLOGY  |  |  |  |  |
| DIAGNOSTIC, MEAT HYGIENE & SANITATION  |  | PATHOGEN IDENTIFICATION  |  | MOLECULAR  |
| <input type="checkbox"/> Total Plate Count<br><input type="checkbox"/> <i>E. coli</i> Count<br><input type="checkbox"/> Coliform Count<br><input type="checkbox"/> Yeast & Mould Count   |  | <input type="checkbox"/> <i>Staphylococcus aureus</i><br><input type="checkbox"/> <i>Salmonella</i> sp.<br><input type="checkbox"/> <i>E. coli</i> O157<br><input type="checkbox"/> Sarcocysts<br><input type="checkbox"/> Antimicrobial Resistant (AMR) Test<br><input type="checkbox"/> Others .....     |  | <input type="checkbox"/> <i>Campylobacter</i> sp.<br><input type="checkbox"/> <i>Listeria</i> sp.<br><input type="checkbox"/> Others .....   |
| DRUG, HORMONE & PESTICIDE RESIDUES   |  |  |  |  |
| DRUG & HORMONE RESIDUES  |  |  | PESTICIDE RESIDUE  |  |
| <input type="checkbox"/> Antibacterials (Tetracyclines, Sulphonamides, Fluoroquinolone, Macrolide, $\beta$ -lactams, Aminoglycosides)<br><input type="checkbox"/> Amphenicol   |  | <input type="checkbox"/> Chloramphenicol<br><input type="checkbox"/> Nitrofurantoin<br><input type="checkbox"/> Nitroimidazole<br><input type="checkbox"/> Stilbene<br><input type="checkbox"/> Others .....   | <input type="checkbox"/> Beta-agonist<br><input type="checkbox"/> Ractopamine<br><input type="checkbox"/> Organochlorine |  |
| QUALITY & NUTRITION  |  |  |  |  |
| NUTRITION  |  | FOOD QUALITY   |  | FOOD AUTHENTICATION  |
| <b>Proximate Analysis</b><br><input type="checkbox"/> Moisture<br><input type="checkbox"/> Total Ash<br><input type="checkbox"/> Total Nitrogen<br><input type="checkbox"/> Crude Fibre<br><input type="checkbox"/> Crude Fat<br><input type="checkbox"/> Gross Energy | <b>Mineral Content</b><br><input type="checkbox"/> Calcium (Ca)<br><input type="checkbox"/> Phosphorus (P)<br><input type="checkbox"/> Copper (Cu)<br><input type="checkbox"/> Ferum (Fe)<br><input type="checkbox"/> Magnesium (Mg)<br><input type="checkbox"/> Manganese (Mn)<br><input type="checkbox"/> Potassium (K)<br><input type="checkbox"/> Others ..... | <input type="checkbox"/> <b>Milk Composition Test</b><br><ul style="list-style-type: none"> <li>• Fat</li> <li>• Solid Non-Fat</li> <li>• Density</li> <li>• Protein</li> <li>• Lactose</li> <li>• Freezing Point</li> <li>• Temperature</li> <li>• Conductivity</li> <li>• Added water to milk</li> </ul> | <b>Food Quality</b><br><input type="checkbox"/> Mycotoxin (Aflatoxin)<br><input type="checkbox"/> Others .....           | <b>Species Identification</b><br><input type="checkbox"/> Chicken<br><input type="checkbox"/> Cattle<br><input type="checkbox"/> Buffalo<br><input type="checkbox"/> Goat<br><input type="checkbox"/> Sheep<br><input type="checkbox"/> Pig<br><input type="checkbox"/> Others ..... |
| ADDITIVES & CONTAMINANTS   |  |  |  |  |
| PRESERVATIVES & ADDITIVES  |  | CONTAMINANTS   |  |  |
| <input type="checkbox"/> Nitrite & Nitrate<br><input type="checkbox"/> Others .....  |  | <b>Heavy Metal Contaminants</b><br><input type="checkbox"/> Mercury (Hg)<br><input type="checkbox"/> Lead (Pb)<br><input type="checkbox"/> Arsenic (As)  |  |  |
|  |  | <input type="checkbox"/> Cadmium (Cd)<br><input type="checkbox"/> Antimony (Sb)<br><input type="checkbox"/> Others .....   |  |  |
| OTHERS (PLEASE CONTACT THE LABORATORY VETERINARY OFFICER-IN-CHARGE PRIOR FILLING IN THIS SECTION)  |  |  |  |  |
| Please specify .....   |  |  |  |  |
| SECTION H - FOR LAB. SECTION USE ONLY (To fill in NC form)   |  |  |  |  |
| REMARKS ON SPECIMEN  |  | SPECIMEN OUTSOURCE TO OTHER LABORATORY   |  |  |
| <input type="checkbox"/> Autolysed<br><input type="checkbox"/> Incomplete Information<br><input type="checkbox"/> Non-Compliance specimen<br><input type="checkbox"/> Insufficient Specimen<br><input type="checkbox"/> Others .....                                   |  | <input type="checkbox"/> VPH Lab Salak Tinggi, Selangor<br><input type="checkbox"/> VRI Ipoh, Perak<br><input type="checkbox"/> Chemistry Department Malaysia, Kuching<br><input type="checkbox"/> Others .....  |  |  |
| ANALYST  | CHECKER  | SECTION HEAD   |  |  |
| Name:  | Name:  | Name:  |  |  |
| Official stamp:  | Official stamp:  | Official stamp:  |  |  |
| Date received:   | Date of report checked:  | Date of report finalised:  |  |  |
| Date tested:   | Signature:   | Signature:   |  |  |
| Date case closed:  |  |  |  |  |
| Signature:   |  |  |  |  |