Industrial Research Lab with Bio Fluid Sdn Bhd

LABORATORY USE ONLY		**Lab. Ref. No**	**Received**	
			Date:	Time:

Sample					
Case No:	ID:	Species:	Age:		Previous Lab No. (Repeat)
Owner:		Breed:	Sex:		

LABORATORY SERVICE(S) REQUESTED	Toxicity	Histology

Sample (type):	URGENT:	**Sample Collection**
	☐ YES	Date:
Collection Method (*if applicable*):	☐ NO	Time:

History and Findings - (*location, size, consistency, rate of growth, duration, etc*):

Tentative Diagnosis:

Submitter	
I, hereby agree and will be responsible to pay charges for the services rendered by TuAH lab Name : IC No. : Tel : Email : Signature (-)	Address (*if applicable*): Student Name: Tel: Email:

Payment Method: ☐ UVH ☐ LO/PO ☐ Online Transfer ☐ Invoice ☐ Research Vot:

Please Fill in PAGE 2 to Request Specific Test(s)

Case No.	Sample ID	Lab. Ref. No	Date	Time

PLEASE MARK (√) THE TEST(S) REQUIRED

Toxicity & Histology	**Analytical Testing**

Oral toxicity
□ Acute Oral Toxicity Study
□ Repeated Dose 28-Day Oral Toxicity Study
□ Repeated Dose 90-Day Oral Toxicity Study
□ *Others please specify*

Dermal toxicity
□ Acute Dermal Toxicity Study
□ Repeated Dose 28-Day Dermal Toxicity Study
□ Repeated Dose 90-Day Dermal Toxicity Study
□ *Others please specify*

Histology
□ Tissue Processing
□ Slide Preparation
□ "Hematoxylin and Eosin" Staining
□ Biopsy Examination
□ *Others please specify*

Analytical Testing:
□ Gas Chromatography/Mass Spectrometry
□ High-Performance Liquid Chromatography

Bacteriology

□ Isolation of Lab Strain Bacteria (*Streptococcus aureus, Pseudomonas aeruginosa, Bacillus subtilis, Escherichia coli*)
□ Identification of Bacteria (*Streptococcus aureus, Pseudomonas aeruginosa, Bacillus subtilis, Escherichia coli*)
□ Antimicrobial Testing (Zone of Inhibition, Minimal Inhibitory Concentration (MIC), Minimal Bactericidal Concentration (MBC))
□ Others (*Please Specify*):

Antibiotic Susceptibility Test:

□ Ampicillin
□ Cephalexin

□ Cyproheptadine
□ Erythromycin

□ Streptomycin
□ Tetracycline

□ Others (Please Specify):

In-Vitro Bioassays

□ Phytochemical Quantification (Total Phenolic Content, Total Flavonoid Content, Total Chlorophyll Content)
□ Antioxidant Assays (DPPH and FRAP assay)
□ Enzymatic Inhibition Assays (Alpha-Amylase, Alpha-Glucosidase, Acetylcholinesterase)
□ Anti-Cholesterol Assay

LAB. USE ONLY

	Y N		Y N		Y N
Appropriate Sample	□□	Appropriate Test Method	□□	Commencement of Work	□□
Competent Personnel	□□	Resources	□□		

Comment (if no):   Signature: