



HEALTH MONITORING SUBMISSION FORM

MVMS Laboratory Animal Health Testing

INSTITUTE OF MEDICAL AND VETERINARY SCIENCE, Veterinary Services Division
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	Your sample ID	*No.of samples pooled	Species	** Sample type (eg. S, F, L C, T)	Tests Required
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

** S=Serum F=Faeces L=Live animals C=Cell lines T=Tissue

If samples are pooled, please indicate in the table how many.

Note: Do Not pool more than two samples for Serology.

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