

Animal Bio-assay/Test Request Form



Animal Resources Facility, Laboratory Sciences and Services Division
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Submitted by

Company Name

Address

Contact Number

Email

Date

Test requested	Reason for test
<input type="checkbox"/> Erythropoietin bio-assay	<input type="checkbox"/> General Diagnostics <input type="checkbox"/> Business Continuity <input type="checkbox"/> Surveillance (Regulatory) <input type="checkbox"/> Research <input type="checkbox"/> Others _____ (Specify reason for testing if for official regulatory purpose)
<input type="checkbox"/> Parallel line model analysis of EPO bio-assay	
<input type="checkbox"/> Abnormal Toxicity	
<input type="checkbox"/> Monoclonal Antibody production on mice model	
<input type="checkbox"/> Pyrogen test on rabbit	
<input type="checkbox"/> Potency Estimation of Tetanus Toxoid Human	
<input type="checkbox"/> Potency Estimation of Rabies vaccine Human	
<input type="checkbox"/> Rabbit ILEAL Loop Assay	
<input type="checkbox"/> Anti Sera Raising in Rabbit	
<input type="checkbox"/> Rabbit Orogastic Feeding (OGF)	
<input type="checkbox"/> SERENY Test on Guinea pig	
<input type="checkbox"/> Others:	

Sample Details:

Sample name:		Quantity of sample:	
Sample type:		Product Vol./ml:	
Sampling location:		Inj. Vol./Animal:	
Sampling date & time:		Storage temperature:	
No. of sample:		Duration of storage	
Sample ID:			



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Additional information:	
Remarks:	

Samples Delivered By:

Signature:

Name:

Affiliation:

Contact No.:

Date:

Fill in the box below the name and e-mail address to which the test results should be sent, otherwise the customer is requested to collect the result from the laboratory in person.

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Sample Received Information

Laboratory use only			
Test Name:			
Test ID:	ARF		
Receiving date			
ARF comment, if needed			
Sample received by:	Signature: _____ Name: _____ Affiliation: _____ Contact No.: _____		