



LABORATORY REQUEST FORM

By completing this form, you are giving NMIS the consent to collect and process Sensitive Information for this legitimate purpose. NMIS ensures to adhere to the principles and provision of Data Privacy Act and shall store the data in accordance with the National Archives of the Philippines Act.

CLIENT: _____

*LS Control No(s): _____

ADDRESS: _____

OR No: _____

CONTACT NOS: _____ EMAIL ADDRESS: _____

Client Classification (Check what is applicable)

- Importer/Exporter Meat Dealer Consumer Plant Officer
 SLH PDP MPP MCP CSW

LTO NO.: _____ (if applicable)

GENERAL SAMPLE INFORMATION

Samples for Laboratory Test must be hygienically and individually packed, sealed and labelled, with no unusual odor.

Instructions for the client on how to fill-up this section:

1. Put your sample code, if any, in the "Client's Sample Code"
2. In the "Sample Description and Details", write the type of sample (species & meat part classification/cuts) you are submitting, with batch/lot number of the sample and brand name, if any.
 - a. For Imported samples, provide the batch/lot number of the sample and the container number where the sample/s were kept.
3. In the "Sample Source" box:
 - a. For Local samples, indicate the name of the slaughterhouse, meat cutting plant, or poultry dressing plant source and the farm/hog dealer source, if possible.
 - b. For Imported samples, indicate the name of the local cold storage warehouse and the name of the Foreign Meat Establishment and country where the sample/s were sourced.
4. Fill up the remaining boxes accordingly.

Client's Sample Code	Sample Type, Description and Details [Batch/Lot #, Container # (if any)]	Sample Source Local: SLH/PDP/MCP, Farm Imported: CSW, FME, Country	Production Date	Expiration Date	Sampling Date	Weight (grams)

I hereby certify that all the above information is true and correct. All information provided herein can be used for whatever legal purpose it may serve. Samples shall be discarded after six (6) months and related laboratory documents shall be disposed of according to NMIS-RDS as approved by NAP.

 Client's signature over printed name

 Date

Purpose of Laboratory Test:

- | | |
|--|---|
| <input type="checkbox"/> Monitoring Program | <input type="checkbox"/> Thesis/Research |
| <input type="checkbox"/> For Local Trade | <input type="checkbox"/> Complaint |
| <input type="checkbox"/> Issuance of COMI (Imported) | <input type="checkbox"/> Others: (specify)_____ |
| <input type="checkbox"/> Issuance of OMIC (Export) <i>(samples must follow prescribed export guidelines)</i> | |

EXAMINATION: (Kindly check requested tests)

PHYSICAL TESTS (2 Days) *average sample weight must be 250g, minimum;*

- Organoleptic Test Test (Php 50.00)
 pH (Php 35.00)

MICROBIOLOGICAL TESTS (7-16 Days) *average sample temperature must be 10°C or below, and* *average sample weight must be 250g for meat, minimum;* *average sample weight must be 50g for cecal content or intact ceccum, minimum;*

- | | |
|---|--|
| <input type="checkbox"/> Standard Plate Count/ Aerobic Plate Count (Php 150.00) | <input type="checkbox"/> Coliform Count (Php 150.00) |
| <input type="checkbox"/> Staphylococcus aureus (Php 350.00) | <input type="checkbox"/> E. Coli (Php 350.00) |
| <input type="checkbox"/> Salmonella sp. (Php 350.00) | |

CHEMICAL/VETERINARY DRUG RESIDUE TESTS (5-6 Days) •*Samples should not include fat tissues and;* •*average sample weight must be 250g, minimum;*

- Microbial Inhibition Test (5 Days)
- | | |
|---|---|
| <input type="checkbox"/> Beta-lactams (Php 375.00) | <input type="checkbox"/> Aminoglycosides (Php 375.00) |
| <input type="checkbox"/> Tetracyclines (Php 375.00) | <input type="checkbox"/> Macrolides (Php 375.00) |
| <input type="checkbox"/> Sulfonamides (Php 375.00) | <input type="checkbox"/> Quinolones (Php 375.00) |

Releasing of Laboratory Result:

- | | |
|---|---|
| <input type="checkbox"/> Pick-up: Regional Office | <input type="checkbox"/> Registered Mail with return card (mailing fee applies) |
| | <input type="checkbox"/> Courier (mailing fee applies) |

(This part is to be filled up by NMIS-LD Personnel)

Expected Date of Laboratory Result: _____

I have properly checked that the sample/s submitted met the NMIS requirements and this form is properly accomplished.

Receiving Officer (Signature over printed name)

Date Received