



AGRICULTURE, FISHERIES & CONSERVATION DEPARTMENT
VETERINARY LABORATORY DIVISION

漁農自然護理署 獸醫化驗所

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Laboratory Submission Form 化驗申請表

For office use only 本署專用:

Case Manager 檔案主管: _____ Registration Completed 已完成以下登記 <input type="checkbox"/> _____ Sign/date 簽名/日期 Specimen Received (樣本接收) <input type="checkbox"/> _____ Sign/date 簽名/日期 Entered Into LIMS (已入 LIMS)	Case No. : _____ 檔案編號 : _____ Date of Receipt 接收日期: _____
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1/ **Particulars of Submitter 申請人資料**

Name & Post 姓名及職位: _____

Department / Company Name 部門/公司名稱: _____

Contact Details 聯絡資料

Address 地址: _____

Tel. No. 電話號碼: _____ Fax No. 傳真號碼: _____

2/ **Details of Animal 動物資料**

Species & Breed 物種及品種: _____

Age 年齡: _____ Sex 性別: _____ Weight 體重: _____

Location 地點: _____

Animal's name / identification number 動物名稱/識別編號: _____

Owner's name / Farm code 主人姓名/農場編號: _____

Sample collection date 樣本收集日期: _____

Other reference information 其他參考資料: _____

3/ **History 病歷**

Date of onset 病發日期: _____

No. of affected animals 染病動物數目¹: _____ No. of deaths 死亡動物數目²: _____

No. of susceptible animals 有機會受感染動物數目³: _____

Clinical data (e.g. signs, treatments, tentative diagnosis... etc) 臨牀資料(例如: 病徵、用藥及初步診斷等)

Vaccination status 疫苗注射狀況: _____

Notes: 1 **Affected animals:** corresponds to animals(s) (measured in heads for terrestrial animals or heads/kilogrammes for aquatic animals) infected or infested, with or without clinical signs, including animals that died from the disease. 意指所有有否臨牀病徵的已受感染動物(陸生動物以每頭或水生動物以每頭/每公斤計算), 包括因該疾病致死的動物。

2 **Deaths:** corresponds to animals(s) (measured in heads for terrestrial animals or heads/kilogrammes for aquatic animals) that died from the disease, infection or infestation. 意指因感染該疾病而致死的動物(陸生動物以每頭或水生動物以每頭/每公斤計算)。

3 **Susceptible animals:** corresponds to the number of animals of susceptible species (measured in heads for terrestrial animals or heads/kilogrammes for aquatic animals) in on-going active outbreaks(s) 意指有機會於疾病持續爆發期內受到感染的動物數量(陸生動物以每頭或水生動物以每頭/每公斤計算)。

4/ Details of Submitted Specimens 樣本資料

Type of Specimen 樣本類別	Quantity 數量	Indicate as appropriate 請選擇適當類別	Remarks 備註
Whole animal 原隻動物 #		<input type="checkbox"/> Dead 屍體 / <input type="checkbox"/> Live 活生動物	
Tissue 組織		<input type="checkbox"/> Fresh 新鮮 <input type="checkbox"/> In formalin solution 保存於福爾馬林溶液內 <input type="checkbox"/> In transport medium (please specify the type of medium used) 存放於運送培養基內 (請列明所採用的培養基)	
Smear 塗片		<input type="checkbox"/> FNA 細針抽取細胞 <input type="checkbox"/> Blood 血液 <input type="checkbox"/> Impression 壓印塗片	
Blood 血液		<input type="checkbox"/> EDTA 乙二胺四乙酸 <input type="checkbox"/> Clotted 凝結	
Urine 尿液		<input type="checkbox"/> Cystocentesis 膀胱穿刺 <input type="checkbox"/> Voided 自然排出	
Faeces 糞便		<input type="checkbox"/> Rectal 直腸 <input type="checkbox"/> Floor 地上	
Swab Sample 拭子樣本		<input type="checkbox"/> In viral transport medium 存放於病毒性運送培養基內 <input type="checkbox"/> Others, please specify 其他，請列明：_____	
Others 其他：_____			

Due to biosafety concern, the submitted carcass(es) will not be returned and will be disposed of without further notification. 基於生物安全理由，所送來的動物屍體將不獲發還，並會由本化驗所代為處理，不作另行通知。

5/ Laboratory Examination Requested 要求進行的化驗**

Items requested 要求的化驗項目	Remarks 備註
<input type="checkbox"/> Post-mortem examination 屍體解剖檢驗	
<input type="checkbox"/> Histopathology 組織病理學檢驗	
<input type="checkbox"/> Cytology 細胞學檢驗	
<input type="checkbox"/> Haematology 血液學檢驗	
<input type="checkbox"/> Bacteriology 細菌學檢驗	
<input type="checkbox"/> Antibiotic sensitivity tests 抗生素敏感試驗	
<input type="checkbox"/> Mycology 真菌學檢驗	
<input type="checkbox"/> Parasitology 寄生蟲學檢驗	
<input type="checkbox"/> Virology 病毒學檢驗	
<input type="checkbox"/> Serology 血清學檢驗	
<input type="checkbox"/> Molecular biology diagnosis 分子生物學診斷	
<input type="checkbox"/> Urinalysis 尿液分析	
<input type="checkbox"/> Chemical residue analysis 化學物殘留分析	
<input type="checkbox"/> Others 其他：_____	

** Sampling / Testing Services (e.g. confirmatory testing by a second laboratory) may be conducted by an external provider for the submitted specimens and reporting of results are covered. 樣本可能由其他實驗室提供採樣/測試服務(例如：由另一實驗室進行確認測試)，並在報告內涵蓋測試結果。

I understand and agree to the above arrangement 本人明白及同意上述安排。

Submitter's signature 申請人簽署：_____ Date 日期：_____

Note:

- Laboratory examination fees are chargeable to the submitter, except for cases referred by Government Departments or related bodies.

註:

- 除了經由政府部門或有關機構轉介的個案外，申請人須繳付化驗費。