CHECKLIST FOR COLLECTION SAMPLES

Name, address & Ph No. of the owner ………………………………………………………………
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Species of animal………………….. Animal Identity…………………………………………..
Description of health status……………………………………………………………………..
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Date of collection……………………….Local VAS address…………………………………...

Type of Sample		Clinical samples				
		ELISA in ice	PCR in ice	Microbial Isolation in ice	Haematology In EDTA/Heparin	Parasitology
CLINICAL	Whole blood					
	CSF					
	Serum					
	Nasal Swab					
	Ocular swab					
	Oral swab					
	Genital swab					
	Rectal swab					
	Faecal sample					
	Milk sample					
	Skin biopsy					
	Wound swab					

Type of Sample		Post-Mortem Examination				
		ELISA, samples in Ice	PCR, samples in Ice	Histopathology Tissue in 10% Formalin	*Insitu* Antigen detection Tissue snap frozen in LN2	Microbial Isolation, Sample in Ice
POSTMORTEM SAMPLES	Heart blood					
	Tonsil					
	Lymph node					
	mLN					
	Spleen					
	Liver					
	Lung					
	Kidney					
	Small intestine					
	L Intestine/Colon					
	Urinary bladder					
	Rib bone					
	Tarsal gland					
	Nictitating membrane					
	Skin					
	Thymus					
	Brain					

(Seal & Signature)