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| **APPLICATION FOR CENTRE FOR ANIMAL & VETERINARY SCIENCES LABORATORY SERVICES**  Note: This form may take you 10 minutes to fill in. Please proceed only if you agree to the Terms of Use (Annex A). | | | | | | | | | | | | | | | | | | | | | | | | | |
| REQUESTOR INFORMATION (Mandatory) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Requestor Name | | | Mr/Mrs/Ms/Dr^(Pls. underline surname/family name)  Click here to enter text. | | | | | | | | | | | | | | Personal ID No.  (last 3 digits and checksum) | | | | | | Click here to enter text. | | |
| Company Name | | | Click here to enter text. | | | | | | | | | | | | | | Biz Registration No. | | | | | | Click here to enter text. | | |
| Your Ref. | | | Click here to enter text. | | | | | | | | | | | | | | Referring Veterinarian | | | | | | Click here to enter text. | | |
| Office No. | Click here to enter text. | | | Mobile No. | | | | Click here to enter text. | | | Fax No. | | Click here to enter text. | | | | Email | | Click here to enter text. | | | | | | |
| Billing Address  Click here to enter text. | | | | | | | | | | | | | | | Mailing Address (if different from Billing Address)  Click here to enter text. | | | | | | | | | | |
|  | | | | | | Postal Code | | | Click here to enter text. | | | | | |  | | | | | | | Postal Code | | | Click here to enter text. |
| Payment GIRO / Non-GIRO^ | | | | | | | | | | | | | | | Method of receiving report:  Mail /  Fax /  Email /  Self Collection^  **(Choose 1 ONLY. If left blank, report will be sent by fax ONLY.)** | | | | | | | | | | |
| **Total Amount Payable : S$** | | | | | Click here to enter text. | | | | | | | | | | Pls. indicate contact person and number for self collection | | | | | Click here to enter text. | | | | | |
| SPECIAL INSTRUCTIONS The report will be addressed to the Requestor unless otherwise specified | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sample Handling / Testing / Reporting / General Instructions | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | |
| PURPOSE OF SUBMISSION | | | | | | | | | | | | | | | | | | | | | | | | | |
| Export from Singapore | | | | | | | (Date Click here to enter a date.) | | | | | | | | | Clinical | | | | |  | | | | |
| Country of destination: | | | | | | | Click here to enter text. | | | | | | | | |  | | | | |  | | | | |
| Import into Singapore | | | | | | | (DateClick here to enter a date.) | | | | | | | | | Others (Please specify) | | | | | Click here to enter text. | | | | |
| Country in which animal last resided: Click here to enter text. | | | | | | | | | | | | | | | |  | | | | |  | | | | |
| ANIMAL / SPECIMEN DETAILS (INSTRUCTIONS: Please use a separate form for each species and each owner, unless requested by the lab to do otherwise) | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Owner / Animal Details** (Mandatory for Export Testing of Pets / Zoological Collections / Horses) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Owner | | Click here to enter text. | | | | | | | | Pet’s Name | | Click here to enter text. | | | | | | Microchip No. | | | | | | Click here to enter text. | |
| Species | | Click here to enter text. | | | | | | | | Gender^ | | Male  Female | | | | | | Country of origin | | | | | | Click here to enter text. | |
| Breed | | Click here to enter text. | | | | | | | |  | | Intact  Neutered  Spayed | | | | | | Age: Click here to enter text. | | | | | | | |
| **Specimen Condition** (Decomposed and/or frozen animals will rejected) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Live | | | Fixed Tissues | | | | | | | | | | | Others (Please specify)  Click here to enter text. | | | | | | | | | | | |
|  | | | Organ type: Click here to enter text.  Fixative: Click here to enter text. | | | | | | | | | | |
| Dead | | | Chilled at 4oC  Yes /  No | | | | | | | | | | | Euthanised  Yes /  No | | | | | | | | | | | |
| Date of Demise (Date Click here to enter a date.)  Time of Demise: Click here to enter text. | | | | | | | | | | | Save animal carcass for return  Yes /  No  *\*Conditions apply* | | | | | | | | | | | |
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| ANIMAL / SPECIMEN DETAILS (INSTRUCTIONS: Please use a separate form for each species and each owner, unless requested by the lab to do otherwise) | | | | | | | | |
| **Sample Description^** (Mandatory. Please attach Annex B for submission of more than 1 specimen) | | | | | | | | |
| Animal Carcass | Bodily Fluid\*\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Faeces | | | | Swab\*\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Blood (Plain / EDTA/Serum)# | Culture\*\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Organ/Tissue\*\*\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Water\*\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Others (Please specify) Click here to enter text. | | | |  | | | |  |
| Sample ID Click here to enter text. | No. submitted Click here to enter text. | | Quantity per container Click here to enter text. | | Sampling Date: Click here to enter a date.  Sampling Time: Click here to enter text. | | | |
| CLINICAL HISTORY / SIGNS | | | | | | | | |
| *(Include management details, diagnosis, treatments, and vaccination status. Please indicate vaccination history that is relevant to the requested tests. Attach separate sheet(s) if necessary.)* | | | | | | | | |
| Click here to enter text. | | | | | | | | |
| TESTING SERVICES^ | | | | | | | | |
| **Pathology** | | **Serology** | | | | | **Bacteriology** | |
| Cytology | | *Brucella canis* TAT | | | | | Routine aerobic bacterial culture | |
| Post-mortem | | *Leptospira* Canicola MAT | | | | | Routine anaerobic bacterial culture | |
| Histopathology (attach dermatology form for skin cases) | | *Ehrlichia canis* IFAT (screening) | | | | | *Salmonella* culture | |
| *Ehrlichia canis IFAT (Titration)* | | | | | *Streptococcus equi* ssp. *equi* culture | |
| **Parasitology** | | *Leishmania infantum / donavani* ELISA | | | | | *Streptococcus equi* ssp. *equi* Real-time PCR | |
| *Dirofilaria immitis* rapid test | | *Babesia gibsoni* IFAT | | | | | *Taylorella equigenitalis* culture | |
| Faecal Flotation Test | | *Babesia caballi* IFAT | | | | | *Burkholderia pseudomallei* culture | |
| Haemoparasite blood smear | | *Toxoplasma gondii* IFAT  (cats & dogs ONLY) | | | | | Necrotising Hepatopancreatitis Bacterium (NHPB) PCR | |
| Heartworm microfiltration test | | *Theileria equi* IFAT | | | | | Total bacterial count | |
| **Virology** | | *Trypanosoma evansii* CATT | | | | | Faecal coliform count | |
| Equine Influenza Virus (EIV) PCR | | Equine Infectious Anaemia Virus AGPT | | | | | *Escherichia coli* count | |
| Avian Influenza Virus isolation  Newcastle Disease Virus isolation | | Equine Viral Arteritis Virus SNT | | | | | Total *Vibrio* count | |
| Avian Influenza Virus PCR | | Rabies Virus Antibody ELISA (qualitative) | | | | | Total Coliform Count | |
| Koi Herpes Virus (KHV) PCR | | Avian Influenza Virus (H5) HI antibody titre | | | | | **For bacterial culture only:**  Antibiotic sensitivity test  (Tick ONLY if necessary. Charges may be incurred. Test will not be done if left blank.) | |
| Megalocytivirus (MCV) PCR | | Avian Influenza Virus (H7) HI antibody titre | | | | |
| Viral Nervous Necrosis Virus (VNNV) PCR | | Influenza A virus antibody immunoassay | | | | |
| White Spot Syndrome Virus (WSSV) PCR | | Newcastle Disease Virus HI antibody titre | | | | |
| **Other tests – please specify**:  [A full description of tests available can be found in CAVS’s booklet of “Diagnostic and Laboratory Services” (available from our website https://[www.avs.gov.sg](http://www.avs.gov.sg) and for reference at APHC)]  Click here to enter text. | | | | | | | | |
| ACKNOWLEDGEMENT BY REQUESTOR | | | | | | | | |
| I declare that the information provided here is true and correct at the time of application. I am fully aware of the conditions laid down by the National Parks Board and agreed to be legally bound by the Terms of Use as stated in Annex A. | | | | | | | | |
| Click here to enter text. | |  | | | | Click here to enter a date. | | |
| Name of requestor / veterinarian# | | Signature | | | | Date | | |
| Click here to enter text. | |  | | | | Click here to enter a date. | | |
| Name of submitter | | Signature | | | | Date of submission | | |

**ANNEX A**

**TERMS OF USE OF THE VETERINARY DIAGNOSTIC & RESEARCH LABORATORY, NATIONAL PARKS BOARD.**

The following are the Terms of Use of the Veterinary Diagnostic & Research Laboratory, National Parks Board (“NParks”).

Please proceed only if you agree to the following Terms of Use. NParks reserves the right to amend these terms from time to time at its sole discretion. The Terms of Use stated in this Application Form shall constitute a binding agreement between NParks and the Requestor.

By submitting this application, the Requestor shall be deemed to have agreed to be legally bound by the Terms of Use stated herein. The Requestor is also deemed as agreeable to provide their personal data to NParks. The consent that the Requestor provides for the collection, use and disclosure of his personal data will remain valid until such time that it is withdrawn by the Requestor in writing. Please refer to NParks’ Privacy Statement for collection, use and disclosure of personal data.

Any information provided, or created during the performance of laboratory activities, will be kept confidential unless required by law or authorised by contractual arrangements to release such confidential information. The Requestor will be informed in advance by NParks if there is an intention to place such information in the public domain.

**Sample Submission**

Please refer to the guide on sample submission at https://www.avs.gov.sg. NParks accepts no liability for loss or damage to samples submitted for laboratory examination.

All samples (whole or partial) and derivatives submitted for testing are the sole property of NParks and will not be returned to the Requestor. Special arrangements are available for animal carcasses submitted for Post-mortem (PM) examination. To avoid doubt, unless otherwise requested for and approved by NParks in writing, all containers and packaging material used in sample submissions will be considered the property of NParks, and be disinfected and/or destroyed as deemed fit. The Requestor shall hold NParks harmless from any losses or claims whatsoever and howsoever arising in connection with the tests conducted.

Testing is dependent on the quantity and quality of the sample submitted. Samples found unsuitable for the required testing will be rejected. The Requestor will be notified if re-sampling is required. A sample may also be rejected if improperly collected, stored, packaged, transported or labelled, at the discretion of NParks.

Under circumstances where a sample is deemed less than the optimal standard for the requirements of the test and there are valid difficulties in obtaining another sample, written instructions must be given by the Requestor for NParks to proceed with testing. In such event, the condition of the sample will be reflected in the final Laboratory Report, and will include information as to the extent to which the test result or its interpretation was likely to have been affected by the quality of the sample tested, and that testing on such a sub-optimal sample was carried out at the Requestor's request.

Cancellation of the application will not be allowed once the test sample has been submitted & acknowledged by NParks and the Requestor shall remain liable for the charges payable in connection with the testing.

Samples should be submitted with the signed copy of the application form to the Animal & Plant Health Centre (APHC), 6 Perahu Road, Singapore 718827. APHC sample submission hours are: Mon - Thu: 8.30am to 5.00pm, Fri: 8.30am to 4.30pm. Note: Lunchtime: 12.30 - 1.30pm. Closed on Saturdays, Sundays and Public Holidays.

**Sample Submission from Overseas**

Prior notification and arrangement must be made with NParks before submitting overseas samples for testing. Please call +65 6316 5168 for details on the regulations, procedures and documentation needed for sending samples for testing. An NParks import permit is required. Samples will be rejected if documentation is incomplete.

Refer to section on Samples Submission for Export Testing if submitting samples for export testing.

Samples must be packaged and sent in compliance to IATA guidelines and NParks/AVS regulations for Importation of Biological Specimens.

**Sample Submission for Exporting Testing**

Samples for export testing must be submitted in tamper-proof security packaging to ensure sample integrity, traceability and accountability. Samples may be rejected if not packaged accordingly.

**Diagnostic testing & Reporting**

As a general rule, a test report will be issued within 10 days from the date of receipt of sample(s), and will only be released upon payment. Note: Due to the nature of certain test methods, some tests may take more than 10 days to complete. Please refer to NParks/AVS website (<https://www.avs.gov.sg>) for information. If unsure, the Requestor should check with NParks and make provisions for sufficient time for tests to be completed.

One report will be issued for samples submitted per application upon payment unless otherwise indicated and agreed by NParks. Where required, the Requestor will have to fill in a separate application to receive separate diagnosis reports for the samples.

Approval from NParks is required before any Laboratory Report can be reproduced in full. Where reference is made to the Requestor or the tests done in relation to the sample provided, by NParks in any of its materials or publications, such mention shall not constitute an endorsement for the Requestor or its product (s) by NParks. To avoid doubt, NParks will not provide any recommendations or endorsements on any product tested.

Any unauthorised reproduction or abuse of the NParks Laboratory Report shall constitute an offence under Section 27 (1) and (2) of the NParks Act & subject to prosecution. The mention of tradename (s) is NOT an endorsement for the product(s) by NParks.

All reports are proprietary to the Requestor. NParks will not release any information from a report without written authorisation from the Requestor.

Duplicate reports are available on request. Additional charges may apply.

**Charges**

The laboratory testing is chargeable. For details on cost of testing, please refer to NParks/AVS website at <https://www.avs.gov.sg> or contact us at +65-63165168. The total amount payable for the laboratory testing and the Laboratory Report will be confirmed via issuance of an invoice upon receipt of the sample submitted.

Payment shall be made within 30 days from date of invoice or a late payment charge of $20 per invoice will be levied.

NParks accept payment via NETS, Interbank GIRO or cheque made payable to "National Parks Board".

**Governing law**

This Agreement shall be governed by and construed in accordance with the laws of the Republic of Singapore. The parties irrevocably agree to submit to the jurisdiction of the Courts of the Republic of Singapore