

**Government of Rajasthan
Animal Husbandy Department**

D.No.

Date

Serology report

OWNER'S NAME

OPD/ CASE NO.

BREED

SEX

SOURCE

LAB PROT.NO.

DATE

REFERRED BY DR.

DAIGNOSIS/HISTORY

SAMPLE/SPECIEMEN SUBMITTED: SERUM/BLOOD/CSF/OTHERS

1. Name

2.Brucella

3. Count . Agalactia

4. Q. Fever

5. Blue Tongue

6. Tuberculin

7. Chlamydia

8. Lipto

9. C.R.S.

10. Johnin

Antigen used

Batch No.

Type of test

Lab. Technician

Section Incharge

Pathologist