**REQUISTION FORM FOR PHARMACOLOGICAL SCREENING**

**NAME:**

**DESIGNATION:**

**ADDRESS:**

**TEL. / MOBILE NO. :** **EMAIL:**

**WHAT SORT OF SAMPLES: NO. OF SAMPLES:**

**SOLVENT:**

**CONTROL (REF. DRUG):**

**SPECIES OF ANIMALS:**

**For Office Use Only**

**S. No. \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**TESTS REQUIRED**

 **DATE: / /**

**- General Screening**

**- Local Anesthetic**

**- Antiarrhythmic**

**- Anti-hypertensive**

**- Analgesic, Antipyretic**

**- Anti-Spasmodic**

**- Neuromuscular junction blocking**

**- C.N.S stimulant**

**- C.N.S depressant**

**- Anti-consultant**

**- Anti- Diabetic**

**- Anti-inflammatory**

**- Others**

**SIGNATURES:**