

Sample Registration

Application Date	<input type="text"/>	Sample received date	<input type="text"/>
Home	Reference Number	CM/Receipt No	<input type="text"/> .00
FSBS	Owner Name	Owner Number	<input type="text"/>
Regular Sample	Dr Name	Dr Number	<input type="text"/>
	Place	India, Karnataka, Bangalore	Address
	Dr Email Id	Owner Email Id	<input type="text"/>
Species	Cow	Sample type	Blood
Labs	<div>Lab1 Lab3 Lab4 Lab2 Lab5 Other</div>		
Age	Sex	Test Required	
Disease Suspect		History	
Species	Horse	Sample type	Blood
Labs	<div>Lab1 Lab3 Lab4 Lab2 Lab5 Other</div>		
Age	Sex	Test Required	
Disease Suspect		History	

Sumit

Reject

2016121601-Lab1

Text