Step by Step Guide - Laboratory e-Services-

# **Content Page**

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- Annex

# Setting up CorpPass – Local Entities

Go to www.corppass.gov.sg

- Refer to the step by step guide given separately.
- Alternatively, click on the below link to watch quick intro on CorpPass <u>https://youtu.be/ifwp4kfYXCk</u>

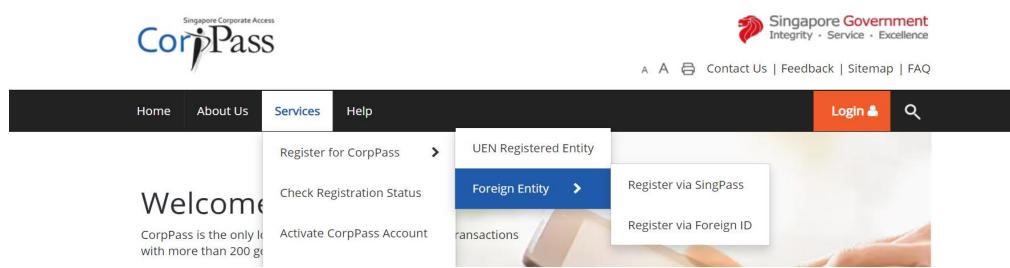
# Setting up CorpPass – Foreign Entities

• Step 1

Go to www.corppass.gov.sg

• Step 2

Click on Services  $\rightarrow$  Register for CorpPass  $\rightarrow$  Foreign Entity  $\rightarrow$  Register via Foreign ID



### **Register Admin Account for Foreign Entity**



This registration is for foreign entities not registered in Singapore. Ensure that you are the appointed CorpPass Admin for your entity. This form will about 10 minutes to complete.

#### Supporting documents required:

- 1. Business Registration Document
- 2. Identity Documents

#### Notes:

- Ensure that the information provided is consistent with the documents submitted.
- If the Business Registration Document does not contain the entity's registered address, please provide official proof of address, e.g. document showing latest billing address.
- Where supporting documents are not in English, the original document must be submitted together with a translated copy of the document in English that has been certified by the embassy of the country that issued the document, or notarised by a notary public in Singapore or in the country that issued the document.
- Upload your documents in PDF, JPEG, and PNG format. The combined size of the uploaded files should not exceed 10MB.
- If there are any changes in your Foreign ID and Country of Issuance, please update them via the CorpPass portal before uploading your new identity documents during this registration.

Your CorpPass Admin account will take 5 to 10 working days to be processed.

Login 🐣

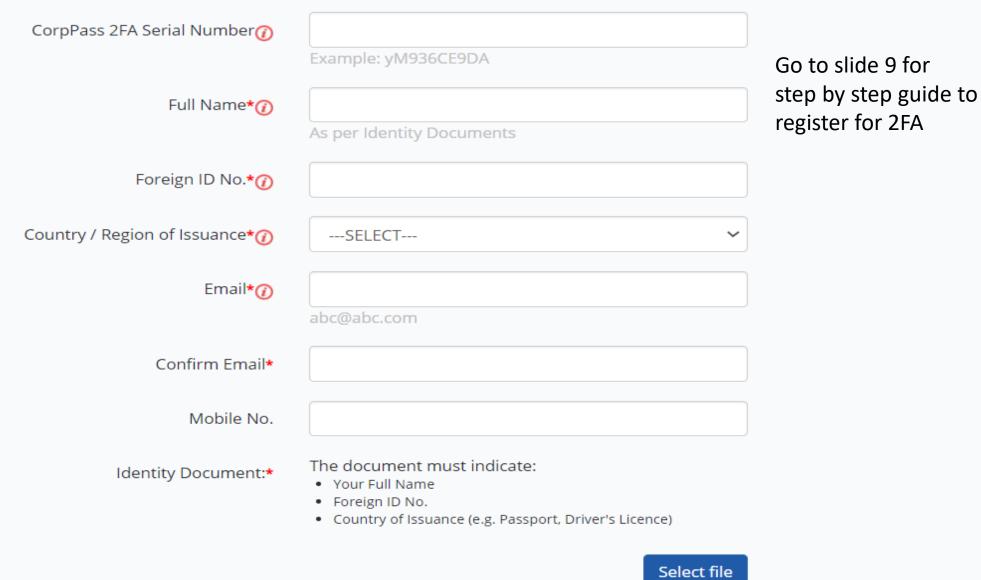
Q

\* - denotes mandatory fields

| Enter Foreign Entity Details       |  |
|------------------------------------|--|
| Entity Registration No.*           |  |
| Entity Name*🕡                      |  |
| Date of Incorporation*()           | Example: 20/12/2016  |
| Country / Region of Incorporation* | SELECT ~   |
| Registered Address Line 1*🕡        |  |
| Registered Address Line 2          |  |
| Office Contact No.*()              |  |
| Business Registration Document:*   | The document must indicate:<br>• Entity Registration No.<br>• Entity Name<br>• Date of Incorporation |

- Country of Incorporation
- Registered Address
- Office Contact No.

### Enter Your Contact Details



### **Create Your Account Details**

| CorpPass ID*🕡          |                     |
|------------------------|---------------------|
|                        | Example: CLARISSA70 |
| New Password*          |                     |
| Re-enter New Password* |                     |

### Request e-Service Access (2)

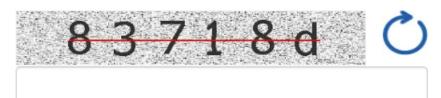
l would like to access all **e-Services** available on CorpPass with my Admin Account.

Note: The 'Access to All e-Services' option is NOT applicable to selected e-Services such as **CPF e-Submission** and **SSG-WSG E-Services** (see **full listing**), as they require additional details to be set up on CorpPass. To gain access, select and manually assign them to your CorpPass account.

Additional checks may also be conducted by selected e-Services, such as **MOM EPOL/WPOL** and **HDB e-Services** (see **full listing**), after logging into their websites. Contact these agencies for more information.

Please type the verification code

(Code is case-insensitive and excludes spaces)





# Setting up CorpPass – Foreign Entities

- Alternatively, click on the below link to watch quick intro on CorpPass <a href="https://youtu.be/RAir-zR6Vb0">https://youtu.be/RAir-zR6Vb0</a>
- Step by Step to create 2FA for foreigners (go to the link below)

https://app.singpass.gov.sg/cp

• Alternatively, please refer to the step by step guide given separately

# Log in to Inspection & Laboratory e-Services

- 1. Through NParks website, go to <u>www.nparks.gov.sg</u>
  - Click on Services
  - For Plant/Soil lab services, click on Plant Health Services
- Centre for Animal & Veterinary Sciences (CAVS) Services, click on Animal & Veterinary E-Services



# Plant/Soil Lab Services

Home > Services > Plant Health Services

### Plant Health Services

- → Bringing Plants & Plant Products into Singapore
- → Exporting Plants & Plant Products
- → Plant Science and Health Laboratory Services

 $\rightarrow$  Circulars

Animal & Veterinary E-Services

Venue Booking

Parks Permits and Applications

## Plant Health Services

NParks is the lead agency in plant health. Through our comprehensive plant health programmes which comprise import regulation and inspection, risk analysis, and laboratory testing and surveillance, Singapore has been kept safe from incursion of important exotic plant pests.

Read on to find out more about our services:

- Bringing Plants and Plant Products into Singapore
- Exporting Plants and Plant Products
- Plant Science and Health Laboratory Services

Quick Links:

- Certificate & Licence Applications (GoBusiness Licensing Portal)
- Inspection & Laboratory Services

Click on 'Plant Science and Health Laboratory Services'

#### Home > Services > Animal & Veterinary E-Services

#### Plant Health Services

<u>Animal & Veterinary</u> <u>E-Services</u>

**Venue Booking** 

Parks Permits and Applications

Registration for Events and Activities

**Payment Modes** 

#### **Useful Links**

### Popular E-Services and Application Guides

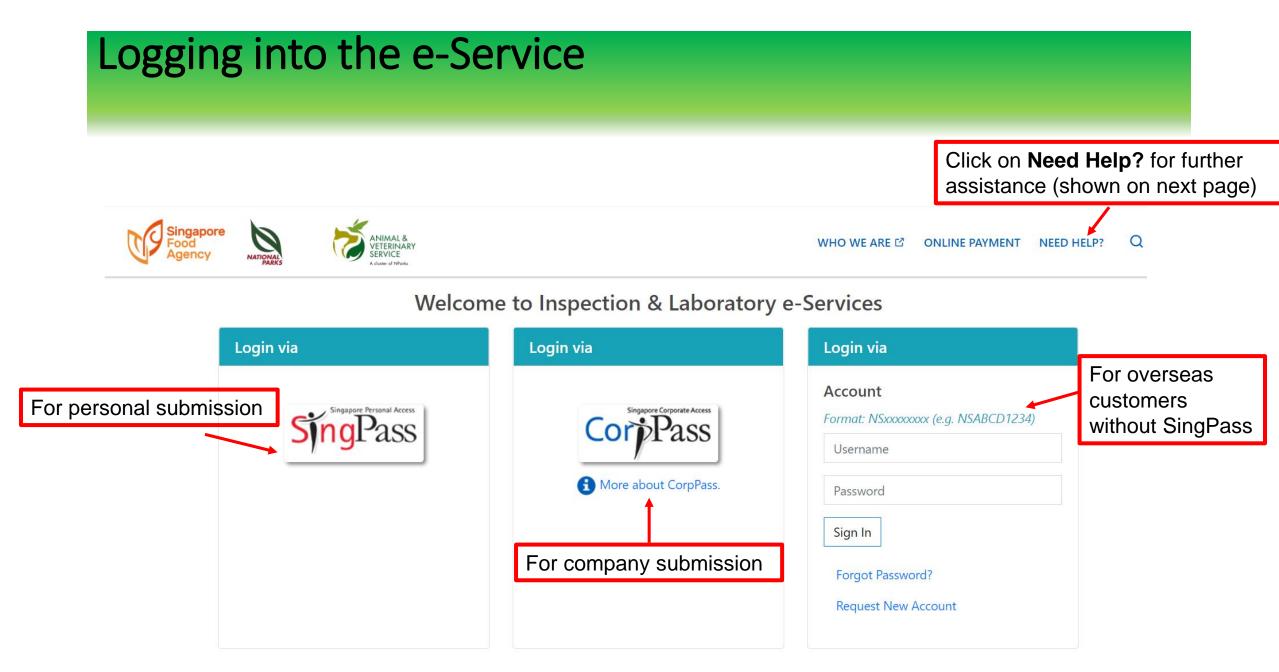
- Dog Licensing Services
- Certificate & Licence Applications (GoBusiness Licensing Portal)
- Inspection & Laboratory Services
- Application guides & more AVS E-Services

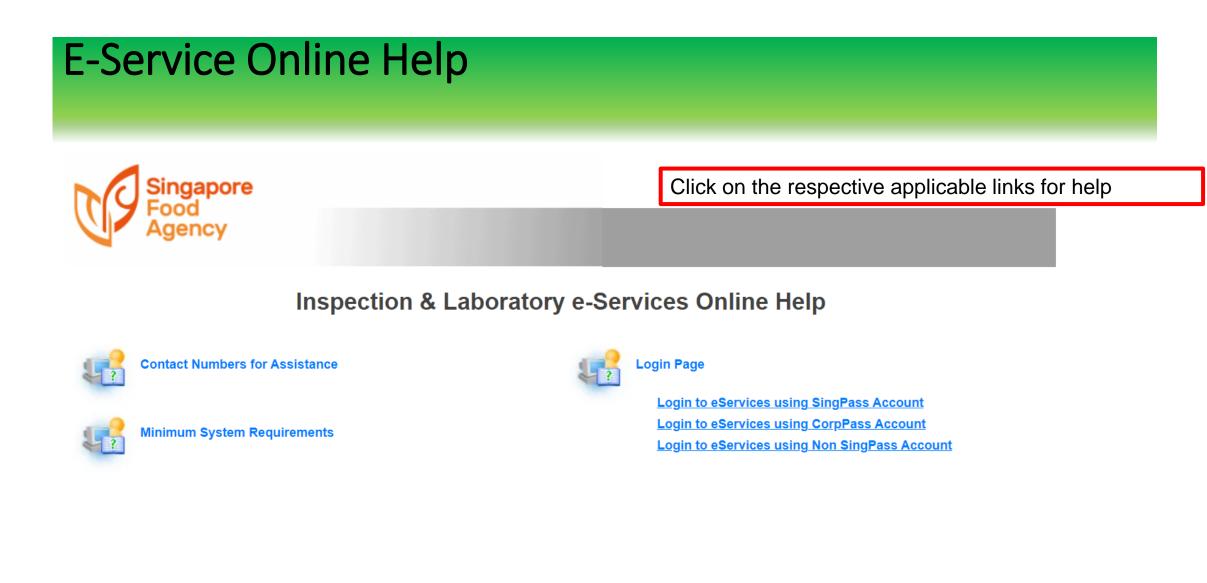
Click on 'Inspection & Laboratory Services'

For more information and other Animal & Veterinary E-Services, please click here.

Last updated on 14 July 2020

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### Singapore Food Agency

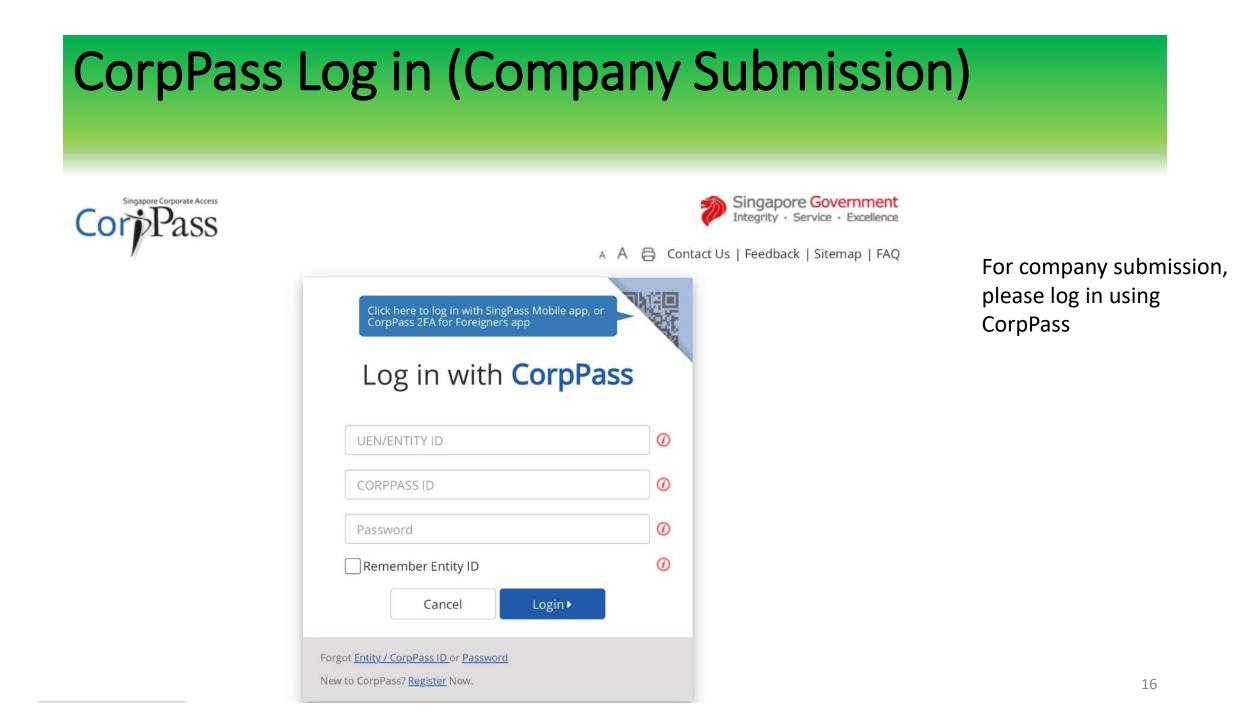
# SingPass Log in (Personal Submission)

#### **Advisory Note**

Your SingPass account contains a lot of personal data. Do not share your username, password and 2FA details with anyone.



For personal submission, please log in using SingPass



# For overseas customer without SingPass

### • To create/request account for e-services

| Create Non SingPass Account |   |            |  |  |  |  |  |  |  |
|-----------------------------|---|------------|--|--|--|--|--|--|--|
| User Name *                 |   |            |  |  |  |  |  |  |  |
|                             | Format: NSxxxxxxxx (e.g. NSABCD1234), case-insensitive; Minimum length must be 6 (excluding "NS" prefix), consisting of letters and/or digits |            |  |  |  |  |  |  |  |
| Password *                  | Case-sensitive; Minimum length must be 8, consisting of small letter(s), capital letter(s) and digit(s)                                       |            |  |  |  |  |  |  |  |
| Re-enter Password *         |   |            |  |  |  |  |  |  |  |
| Security Question *         | Select One V Answer *   |            |  |  |  |  |  |  |  |
|                             | You will need to specify this answer (case-sensitive) to reset your password  |            |  |  |  |  |  |  |  |
| Salutation *                | Select One V  |            |  |  |  |  |  |  |  |
| Name *                      |   |            |  |  |  |  |  |  |  |
|                             |   |            |  |  |  |  |  |  |  |
| Address Type *              | CForeign  |            |  |  |  |  |  |  |  |
| Address                     | Postal Code * Retrieve  |            |  |  |  |  |  |  |  |
|                             | Please enter Postal Code and click on the Retrieve button.  |            |  |  |  |  |  |  |  |
|                             | Block/House/Lot No. *   |            |  |  |  |  |  |  |  |
|                             | Street Name   |            |  |  |  |  |  |  |  |
|                             | Level & Unit No.  |            |  |  |  |  |  |  |  |
|                             | Building Name   |            |  |  |  |  |  |  |  |
|                             | Country *   |            |  |  |  |  |  |  |  |
| Contact Number              | Please prefix Contact Number with the country code for non Singapore line   |            |  |  |  |  |  |  |  |
|                             | Telephone * Extension   |            |  |  |  |  |  |  |  |
|                             | Mobile (Country Code for non-Singapore line followed by Mobile Number)  |            |  |  |  |  |  |  |  |
|                             | Fax   |            |  |  |  |  |  |  |  |
| Email Address *             |   |            |  |  |  |  |  |  |  |
| Verification Code *         | FOBEKQ  |            |  |  |  |  |  |  |  |
|                             | Click to change   |            |  |  |  |  |  |  |  |
|                             |   |            |  |  |  |  |  |  |  |
|                             | Submit  | Reset Back |  |  |  |  |  |  |  |

| After log in                                  |  |
|---|--|
|   | NIMAL &<br>ETERINARY<br>ERVICE                         |
| Welcome to Inspection & Laboratory e-Services | , Tan Ah Kow Your last logon was 04-Nov-2020 10:52:08. |
| HOME<br>Home                                  | Welcome to Inspection & Laboratory e-Services          |
| Laboratory Services                           | n "Laboratory services"                                |
| My Applications                               |  |

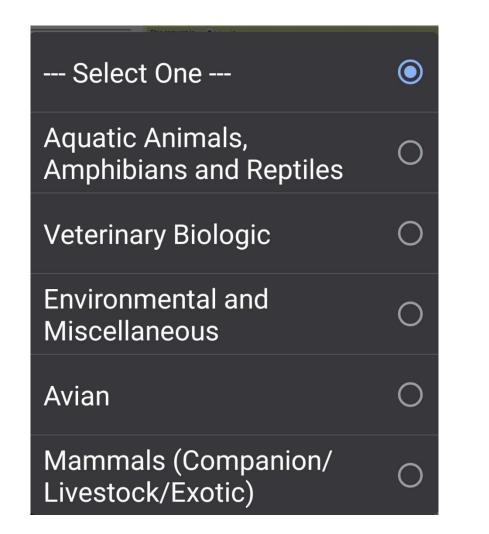
# After log in

#### HOME>>Online Application>>Laboratory Services

| Home   | Laboratory Services       |  |
|--|---------------------------|--|
|  | This request is for *     | ● Myself   |
| Online Application                                       |                           | OAuthorised Company No Items V   |
| Inspection Appointment<br>Booking<br>Laboratory Services | Type of Service *         | <ul> <li>Food Testing and Export Health Certification (Veterinary Health Certificate for Meat, Fish &amp; Dairy Products)</li> <li>Testing of Animal Pathogens &amp; Veterinary Biologics</li> <li>Plant Health Diagnostic Services</li> </ul> |
| My Applications  | Type of Application *     | Select One V   |
| Daily/Monthly Submission 🗸                               | Applicant's Reference No. |  |

- For Centre for Animal & Veterinary Sciences (CAVS) Services, click 'Testing of Animal Pathogens & Veterinary Biologics'
- For Plant/Soil Lab services, click 'Plant Health Diagnostic Services'

For Centre for Animal & Veterinary Sciences (CAVS) Services, select one (as shown below)



For Plant/Soil Lab Services, select 'Commercial'

--- Select One ---Commercial

 $\bigcirc$ 

# After clicking on either option 'Aquatic Animals, Amphibians, Reptiles', 'Veterinary Biologics', 'Enviromental & Miscellaneous', 'Avian' or 'Mammals (Companion/Livestock/Exotic)', applicant will be directed to this page (shown below)

|  |              | HOME>>Online Application>>Laboratory Services>>Mammals (Companion/Livestock/Exc   | otic)   |   |             |  |  |  |
|--|--------------|---|---|---|-------------|--|--|--|
| Home   |              | Request for Laboratory Services - (Step 1/4)  |   |   | _           |  |  |  |
| Instruction [Hide]  Inspection Appointment In |              |   |   |   |             |  |  |  |
| Booking<br>Laboratory Services   |              | Testing of Animal Pathogens & Veterinary Biologics (Application is for Myself)<br>Application: Mammals (Companion/Livestock/Exotic)<br>Applicant: xxxxx781C; HANA | ı; NON-GIRO                                       | This section will show applicant's details.<br>(Full name, Address, Mobile number & |             |  |  |  |
| My Applications  | $\checkmark$ | * Please visit MyInfo C for updating of particulars with SingPass Mobile Email Edit   |   | email address)  |             |  |  |  |
| Daily/Monthly Submission   | $\checkmark$ | Specimen Details Samples & Tests My Preference  |   |   |             |  |  |  |
| Microchip/Tag Data<br>Submission   | ~            | Specimen Details Specimen Purpose of Test * Select One  |   |   |             |  |  |  |
| Microchip (others)   | ~            | Country of Birth/Origin * Referring Veterinarian  |   | 9   |             |  |  |  |
| For Commercial Labs  | ~            | For Group Animals: [+]<br>Mandatory for Post Mortem: [+]  |   |   |             |  |  |  |
| Others   | $\sim$       | Farm/Location Details [+] Animal/Pet's Information [+]  | Complete all the m                                | andatory fields in 'Samples & Te  | ests' tab , |  |  |  |
| Account Management   | ~            | Clinical History & Management<br>Healthy * OYes ONo<br>Clinical Management (Signs, Treatment & Remarks); [+]  | fields have been filled, click on <b>'Proceed</b> |   |             |  |  |  |
|  |              | Vaccination History [+] Quarantine Information [+]  |   |   |             |  |  |  |
|  |              | Back to Laboratory Services Proceed to Preview Page Save Draft  |   |   |             |  |  |  |

| Specimen Details                                |                                       |                                   |                                |                   |                       |                       |    |
|---|---------------------------------------|-----------------------------------|--------------------------------|-------------------|-----------------------|-----------------------|----|
| Specimen  |                                       |                                   |                                | Purpose of 1      | <b>Test</b> : Clinica | l, Disease Diagnosis, |    |
| Purpose of Test *                               | Export 🗸                              |                                   |                                |                   |                       |                       |    |
| Country of Birth/Origin *                       | SINGAPORE                             |                                   | ٩                              | Export, Imp       | ort, Others           |                       |    |
| Referring Veterinarian                          |                                       |                                   |                                |                   |                       |                       |    |
| For Group Animals: [+]                          |                                       |                                   |                                |                   |                       |                       |    |
| Mandatory for Post Mortem: [+]                  |                                       |                                   |                                |                   |                       |                       |    |
| Farm/Location Details [+]                       |                                       |                                   |                                |                   |                       |                       |    |
| Animal/Pet's Information [-]                    |                                       |                                   |                                |                   |                       |                       |    |
| Owner   | Hana                                  |                                   |                                |                   |                       |                       |    |
| Name of Animal                                  | Nyxon                                 |                                   | ID/Microchip No.               | 702 098 100 028 > | (XX                   |                       |    |
| Gender  | OMale (Intact)                        | OFemale (Intact)                  | Male (Neutere                  | d) (b             | Female (Spayed)       |                       |    |
| Age   | 5 yrs                                 | mths                              | weeks                          | Date of Birth     |                       | (dd/mm/yyyy)          |    |
| Countries of Residence                          | Please list the Countries of Resident | ce if different from Country of B | irth for the past 2 years.     |                   |                       |                       |    |
|   |                                       |                                   |                                |                   |                       |                       |    |
|   |                                       |                                   |                                |                   |                       |                       | /. |
| Clinical History & Management                   |                                       |                                   |                                |                   |                       |                       |    |
| Healthy *                                       | ●Yes ONo                              |                                   |                                |                   |                       |                       |    |
| Clinical Management (Signs, Treatment & Remarks | <u>s): [+]</u>                        |                                   |                                |                   |                       |                       |    |
| Vaccination History [+]                         |                                       |                                   |                                |                   |                       |                       |    |
| Quarantine Information [-]                      |                                       |                                   |                                |                   |                       |                       |    |
| □In Quarantine - Import Licence No.             |                                       |                                   |                                |                   |                       |                       |    |
| ✓To be Exported                                 | Date to be Exported                   | 24/12/2020 💼 (d                   | dd/mm/yyyy) Country of Destina | tion SOUTH AFRICA | ۹,                    |                       |    |

### Preview Page of lab application submission (shown below)

|             | s & Tests                             |         |  |                            |                 |  |  |
|-------------|---------------------------------------|---------|--|----------------------------|-----------------|--|--|
| Specimen I  | Listing                               |         |  |                            |                 |  |  |
| S/N         | Sample Marking                        | Species | Breed  | Specimen Description       |                 | No. of Samples                               | Test(s)                                |
| 1           | Nyxon                                 | CAT     | PERSIAN                                      | BLOOD, CAT                 |                 | 1  | Brucella canis Tube Agglutination Test |
|             |                                       |         |  |                            |                 | 1  | Haemoparasites                         |
|             |                                       |         |  |                            |                 | 1  | Dirofilaria immitis filtration test    |
|             |                                       |         |  |                            |                 | 1  | Babesia gibsoni IFA test               |
|             |                                       |         |  |                            |                 | 1  | Leishmania cELISA                      |
|             |                                       |         |  |                            |                 | 1  | Trypanosoma evansi CATT                |
| 2           | Nyxon                                 | CAT     | PERSIAN                                      | BLOOD, CAT                 |                 | 1  | Haemoparasites                         |
| For Bacteri | al Culture Only                       |         |  |                            | 🗌 Antibio       | otic Sensitivity Test Required (Test will no | ot be done if left blank)              |
| Sampling E  | Details                               |         |  |                            |                 |  |  |
| Sampled     | Ву                                    |         | Sampling Date 8                              | & Time From                | : 17/11/2020 10 | :00:00 AM                                    |  |
|             |                                       |         |  | То                         | : 17/11/2020 10 | :00:00 AM                                    |  |
| My Prefe    | erence                                |         |  |                            |                 |  |  |
| Sample Ha   | andling / Testing Instructions        |         | osoma evansii - Giemsa Bloo<br>a Blood Smear | od Smear/Babesia Gibsoni - |                 |  |  |
| Results Re  | porting Instructions                  |         |  |                            |                 |  |  |
| Preferred N | Method of Receiving Notification      | Osms    | Email  |                            |                 |  |  |
| Preferred M | Method of Receiving Report            | OFax    | OMail  Email OSelf Coll                      | lection                    |                 |  |  |
| Payment N   | lode                                  |         | ○ ●Non GIRO                                  |                            |                 |  |  |
| Print       |                                       |         |  |                            |                 |  |  |
| Amend A     | pplication Proceed to Cost Estimation | n       |  |                            |                 |  |  |

If there's amendment needed, click on 'Amend Application'. If the required fields are filled out correctly, click on 'Proceed to Cost Estimation'

### Estimation of Cost (shown below)

| Е  | stima   | ation of Cost                           |   |     |                         |               |  |  |
|--|---------|---|---|-----|-------------------------|---------------|--|--|
|  | (This i | s an estimated cost. Total amount payat | le to be confirmed upon sample submission.) |     |                         |               |  |  |
|  | S/N     | Tests/ Services                         | Fee Description                             | Qty | Unit Amt (S\$)          | Net Amt (S\$) |  |  |
|  | 1       | Trypanosoma evansi CATT                 | Serology (routine)                          | 1   | 50.05                   | 50.05         |  |  |
|  | 2       | Brucella canis Tube Agglutination Test  | Serology (specialised)                      | 1   | 50.05                   | 50.05         |  |  |
|  | 3       | Haemoparasites                          | Parasitology-endopa/hemopa                  | 2   | 30.47                   | 60.94         |  |  |
|  | 4       | Dirofilaria immitis filtration test     | Parasitology-Dirofilaria                    | 1   | 33.36                   | 33.36         |  |  |
|  | 5       | Babesia gibsoni IFA test                | Babesia gibsoni IFA test                    | 1   | 112.85                  | 112.85        |  |  |
|  | 6       | Leishmania cELISA                       | Leishmania Test                             | 1   | 70.00                   | 70.00         |  |  |
|  |         |   |   |     | Total Fees (Before GST) |               |  |  |
|  |         |   |   |     | Total GST               | 26.40         |  |  |
| IJ   |         |   |   |     | Total Fees (After GST)  | 403.65        |  |  |
| Click on 'Confirm' to submit the application. After submission, print out the acknowledgement slip |         |   |   |     |                         |               |  |  |
| Dec  | laratio | nc                                      |   |     |                         |               |  |  |

Declaration

I declare that the information provided here is true and correct at the time of application and I am fully aware of the conditions laid down by the National Parks Board.

Back to Preview Page Confirm

#### Acknowledgement

Thank you. Your application(s) has/have been submitted successfully. Please print a copy of this acknowledgement slip and submit it along with your samples to the following address by the date(s) specified. Your application(s) will be deleted after 14 days if samples are not received.

Application(s) Submitted

| S/N | Application No. | Barcode | Date of Application | Submit Samples By | Product/Specimen |  |
|-----|-----------------|---------|---------------------|-------------------|------------------|--|
| 1   | ELLA20K000024   |         | 16/11/2020          | 30/11/2020        | (1) BLOOD, CAT   |  |
| 2   | ELLA20K000031   |         | 17/11/2020          | 01/12/2020        | (1) BLOOD, CAT   |  |

National Parks Board Animal & Veterinary Service

Animal & Plant Health Centre

6 Perahu Road

Singapore 718827

Tel:65-63165168/88

## Acknowledgement

- Once the lab application has been submitted successfully, you will receive an email/SMS notification.
- The Service Acknowledgement Slip is required upon submission of samples.

Centre For Animal & Veterinary Sciences (CAVS) Services

Lab Application Service Acknowledgement No: ELLA20L000047

Name: Mr Tan Ah Kow

Your Lab Application has been submitted successfully.

#### \*\*\*\*\*\*

This is a computer generated email. Please do not reply to this email.

### After clicking on 'commercial', applicant will be directed to this page (shown below)

|                                  |              | HOME>>Online Application>>Laboratory Services>>Commercial   |   |  |  |  |  |  |  |  |
|----------------------------------|--------------|---|---|--|--|--|--|--|--|--|
| Home                             |              | Request for Laboratory Services - (Step 1/4)  |   |  |  |  |  |  |  |  |
|                                  |              | Instruction [Hide]  |   |  |  |  |  |  |  |  |
| Online Application               | ^            | 1. This form may take you 10 minutes to complete. If you require help with the completion of this on-line form, please contact +65 631651                                 | 68.   |  |  |  |  |  |  |  |
| Inspection Appointment           |              |   |   |  |  |  |  |  |  |  |
| Booking                          |              | Plant Health Diagnostic Services (Application is for Myself)  | section will show applicant's details.        |  |  |  |  |  |  |  |
| Laboratory Services              |              | Application. Commercial   | name, Address, Mobile number &                |  |  |  |  |  |  |  |
| My Applications                  | $\sim$       | * Please visit MyInfo L <sup>a</sup> for updating of particulars with SingPass         Mobile       Email         Edit  | address)                                      |  |  |  |  |  |  |  |
| Daily/Monthly Submission         | $\checkmark$ | Samples & Tests My Preference Submitter Details   |   |  |  |  |  |  |  |  |
|                                  |              | Samples & Tests   |   |  |  |  |  |  |  |  |
| Microchip/Tag Data<br>Submission | $\sim$       | Sample Listing  |   |  |  |  |  |  |  |  |
| Microchip (others)               | ~            | S/N     Sample Marking*     1. Sample Type *     1. Sample Location *       2. Sample Name *     2. Country *     Symptom *       3. Sample Description *     3. District | 1. Disease Distribution *<br>2. Severity *    |  |  |  |  |  |  |  |
|                                  |              | 1 Select One 🗸  | Select One 🗸                                  |  |  |  |  |  |  |  |
| For Commercial Labs              | $\sim$       | No Item V   | Select One 🗸                                  |  |  |  |  |  |  |  |
| Others                           | $\checkmark$ | Assign Tests Add Sample Delete  | e Sample Replicate Sample Replicate 0 time(s) |  |  |  |  |  |  |  |
| Account Management               | $\checkmark$ | Back to Laboratory Services Proceed to Preview Page Save Draft  |   |  |  |  |  |  |  |  |

Complete all the mandatory fields in 'Samples & Tests' tab , 'My Preference' tab and 'Submitter Details' before clicking on 'Proceed to Preview Page'

### Preview Page of lab application submission (shown below)

| San   | Samples & Tests     |                       |             |                          |                 |           |             |         |                      |          |  |
|-------|---------------------|-----------------------|-------------|--------------------------|-----------------|-----------|-------------|---------|----------------------|----------|--|
| Sam   | Sample Listing      |                       |             |                          |                 |           |             |         |                      |          |  |
| S/N   | Sample Marking      | Sample Type           | Sample Name | Sample Description       | Sample Location | Country   | District    | Symptom | Disease Distribution | Severity | Test(s)  |
| 1     | А                   | POTTING MEDIUM /SOIL  | SOIL MIX    | Approved Soil Mix        | Local           | SINGAPORE | Perahu Road | NA      | Not Applicable       | 0 - NA   | Potassium (Extractable - Mehlich 3 extract/ICP analysis) SM-S-017  |
|       |                     |                       |             |                          |                 |           |             |         |                      |          | Phosphorus (Extractable - Mehlich 3 extract/ICP analysis) SM-S-017 |
|       |                     |                       |             |                          |                 |           |             |         |                      |          | Soil pH (1:2.5)  |
|       |                     |                       |             |                          |                 |           |             |         |                      |          | Nitrogen (Total)   |
|       |                     |                       |             |                          |                 |           |             |         |                      |          | Electrical Conductivity (EC)                                       |
| My    | Preference          |                       |             |                          |                 |           |             |         |                      |          |  |
| Sam   | ole Handling/ Testi | ing Instructions      |             |                          |                 |           |             |         |                      |          |  |
| Resi  | Its Reporting Instr | uctions               |             |                          |                 |           |             |         |                      |          |  |
| Prefe | rred Method of Re   | eceiving Notification | ⊡sмs        | ✓Email                   |                 |           |             |         |                      |          |  |
| Prefe | rred Method of Re   | eceiving Report       | OFax        | OMail <b>○</b> Email ○Se | elf Collection  |           |             |         |                      |          |  |
| Payr  | nent Mode           |                       | Ogiro       | Non GIRO                 |                 |           |             |         |                      |          |  |
| Sub   | mitter Details      | S                     |             |                          |                 |           |             |         |                      |          |  |
| Salu  | ation/Title         |                       | MR          |                          |                 |           |             |         |                      |          |  |
| Subr  | nitter Name         |                       | Tan Ah I    | Kow                      |                 |           |             |         |                      |          |  |
| Subr  | nitter Company Na   | ame                   | Ah Kow      | Landscape                |                 |           |             |         |                      |          |  |
| Pri   | t                   |                       |             |                          |                 |           |             |         |                      |          |  |
| Ame   | nd Application      | Proceed to Cost Esti  | mation      |                          |                 |           |             |         |                      |          |  |

If there's amendment needed, click on 'Amend Application'. If the required fields are filled out correctly, click on 'Proceed to Cost Estimation'

### Estimation of Cost (shown below)

|         | I L                                      |  |     |                           |               |       |
|---------|--|--|-----|---------------------------|---------------|-------|
| Estim   | ation of Cost                            |  |     |                           |               |       |
| (This i | is an estimated cost. Total amoun        | t payable to be confirmed upon sample submission.) |     |                           |               |       |
| S/N     | Tests/ Services                          | Fee Description                                    | Qty | Unit Amt (S\$)            | Net Amt (S\$) |       |
|         | Package: SSEK, SSEP, SSPH,<br>SSTN, SSTS | Package A  | 1   | 88.32                     |               | 88.32 |
|         |  |  |     | Total Fees ( Before GST ) |               | 88.32 |
|         |  |  |     | Total GST                 |               | 6.18  |
|         |  |  |     | Total Fees (After GST)    |               | 94.50 |
|         |  |  |     |                           |               |       |
|         |  |  |     |                           |               |       |
| clarati | on                                       |  |     |                           |               |       |

I declare that the information given above is true and correct at the time of application and I am fully aware of the conditions laid down by the National Parks Board.

Back to Preview Page Confirm

Click on '**Confirm**' to submit the application. After submission, print out the acknowledgement slip

#### Acknowledgement

Thank you. Your application(s) has/have been submitted successfully. Please print a copy of this acknowledgement slip and submit it along with your samples to the following address by the date(s) specified. Your application(s) will be deleted after 14 days if samples are not received.

| Applica            | Application(s) Submitted |   |                     |                   |                  |                     |  |  |  |
|--------------------|--------------------------|---|---------------------|-------------------|------------------|---------------------|--|--|--|
| S/N                | Application No.          | Barcode                                   | Date of Application | Submit Samples By | Product/Specimen |                     |  |  |  |
| 1 E                | ELLP20K000021            |   | 16/11/2020          | 30/11/2020        | (1) SOIL MIX     |                     |  |  |  |
| 2 E                | ELLP20K000030            |   | 17/11/2020          | 01/12/2020        | (1) SOIL MIX     |                     |  |  |  |
| Plant So           | Plant Science & Health   |   |                     |                   |                  |                     |  |  |  |
|                    | & Plant Health Centre    |   |                     |                   |                  |                     |  |  |  |
| 6 Perah<br>Singang | u Road<br>ore 718827     |   |                     |                   |                  |                     |  |  |  |
|                    | 3165168/88               |   |                     |                   |                  |                     |  |  |  |
|                    |                          |   |                     |                   |                  | Data Mira Oracia    |  |  |  |
| Print No           | ow Save (PDF)            | Print Later. Register Another Application |                     |                   |                  | Rate this e-Service |  |  |  |

## Acknowledgement

- Once the lab application has been submitted successfully, you will receive an email/SMS notification.
- The Service Acknowledgement Slip is required upon submission of samples.

### For Plant/Soil Lab Services

Lab Application Service Acknowledgement No: ELLP20D000041

Name: Mr Tan Ah Kow

Your Lab Application has been submitted successfully.

\*\*\*\*\*\*\*\*\*\*\*

This is a computer generated email. Please do not reply to this email.

### Package A: PH, EC, N, P, K

#### Samples & Tests

#### Sample Listing

|   | SIN | Sample<br>Marking | Sample Type             |          |          | Sample<br>Location | Country   | District       | Symptom | Disease<br>Distribution | Severity | Test(s)  |
|---|-----|-------------------|-------------------------|----------|----------|--------------------|-----------|----------------|---------|-------------------------|----------|--|
|   | 1   | A                 | POTTING MEDIUM<br>/SOIL | SOIL MIX | Soil Mix | Local              | SINGAPORE | Perahu<br>Road | NA      | Not Applicable          |          | Potassium (Extractable - Mehlich 3 extract/ICP analysis)<br>SM-S-017 |
| - |     |                   |                         |          |          |                    |           |                |         |                         |          | Phosphorus (Extractable - Mehlich 3 extract/ICP analysis) SM-S-017   |
|   |     |                   |                         |          |          |                    |           |                |         |                         |          | Soil pH (1:2.5)  |
|   |     |                   |                         |          |          |                    |           |                |         |                         |          | Nitrogen (Total)   |
|   |     |                   |                         |          |          |                    |           |                |         |                         |          | Electrical Conductivity (EC)   |
|   |     |                   |                         |          |          |                    |           |                |         |                         |          |  |

#### **Estimation of Cost**

#### (This is an estimated cost. Total amount payable to be confirmed upon sample submission.)

| S/N | Tests/ Services                          | Fee Description | Qty | Unit Amt (S\$)          | Net Amt (S\$) |       |
|-----|--|-----------------|-----|-------------------------|---------------|-------|
|     | Package: SSEK, SSEP,<br>SSPH, SSTN, SSTS | Package A       | 1   | 88.32                   |               | 88.32 |
|     |  |                 | Tot | al Fees(Before GST)     |               | 88.32 |
|     |  |                 |     | Total GST               |               | 6.18  |
|     |  |                 | т   | otal Fees ( After GST ) |               | 94.50 |

• Package B : PH, any 5 nutrients, Particle Size & Organic Matter/Carbon

| Assign Tests    |                                |                       |
|-----------------|--------------------------------|-----------------------|
| Soil Management |                                |                       |
| 🔽 pH            | Electrical Conductivity        | Nitrogen              |
| Phosphorus      | Potassium                      | 🔽 Calcium             |
| Magnesium       | Manganese                      | Copper                |
| 📄 Iron          | Zinc                           | 🔽 Sodium              |
| Chloride        | Organic Matter                 | Organic Carbon        |
| C:N Ratio       | Cation Exchange Capacity (CEC) | Soil Texture          |
| Particle Size   | Moisture Content               |                       |
| Other Tests     |                                |                       |
|                 |                                |                       |
|                 |                                | Assign Selected Tests |
|                 |                                | Assign Selected Tests |

#### **Estimation of Cost**

| (This is an estimated cost. Total amount payable to be confirmed upon sample submission.) |  |                 |     |                         |               |  |  |
|---|--|-----------------|-----|-------------------------|---------------|--|--|
| S/N   | Tests/ Services  | Fee Description | Qty | Unit Amt (S\$)          | Net Amt (S\$) |  |  |
|   | Package: SCMS, SFSA,<br>SGRA, SSOM, SSPH, SVCS,<br>SVFS, SSCA, SSEK, SSEP,<br>SSNA, SSTN | Package B       | 1   | 171.73                  | 171.73        |  |  |
|   |  |                 | Tot | al Fees ( Before GST )  | 171.73        |  |  |
|   |  |                 |     | Total GST               | 12.02         |  |  |
|   |  |                 | Т   | otal Fees ( After GST ) | 183.75        |  |  |

Package C : PH, EC, N, P, K, Ca, Mg, Mn, Cu, Fe, Zn, Na, Organic Matter/Carbon, Carbon:Nitrogen Ratio, Cation Exchange Capacity(CEC), Moisture Content

| Assign Tests Soil Management |                                |                |
|------------------------------|--------------------------------|----------------|
| 🔽 pH                         | Electrical Conductivity        | ✓ Nitrogen     |
| Phosphorus                   | Potassium                      | 🔁 Calcium      |
| 🔽 Magnesium                  | Manganese                      | Copper         |
| 🛃 Iron                       | Zinc                           | 🛃 Sodium       |
| Chloride                     | Organic Matter                 | Organic Carbon |
| C:N Ratio                    | Cation Exchange Capacity (CEC) | Soil Texture   |
| Particle Size                | Moisture Content               |                |
| Other Tests                  |                                |                |

#### **Estimation of Cost**

(This is an estimated cost. Total amount payable to be confirmed upon sample submission.)

| S/N | Tests/ Services   | Fee Description | Qty | Unit Amt (S\$)      | Net Amt (S\$) |
|-----|---|-----------------|-----|---------------------|---------------|
|     | Package: SCNR, SSCA,<br>SSCC, SSCU, SSEK, SSEP,<br>SSFE, SSMC, SSMG, SSMN,<br>SSNA, SSOM, SSPH, SSTN,<br>SSTS, SSZN | Package C       | 1   | 343.46              | 343.46        |
|     |   |                 | Tot | al Fees(Before GST) | 343.46        |
|     |   |                 |     | Total GST           | 24.04         |

Total Fees (After GST)

367.50

Bacteria Disease Diagnosis, Fungus Disease Diagnosis, Virus Disease Diagnosis, Insect Pest Identification, Nematode Disease Diagnosis

| Assign Tests                  |                                      |                                   |
|-------------------------------|--------------------------------------|-----------------------------------|
| Soil Management               |                                      |                                   |
| Nitrogen                      | Phosphorus                           | Potassium                         |
| Calcium                       | Magnesium                            | Manganese                         |
| Copper                        | 🗌 Iron                               | Zinc                              |
| Sodium                        | <ul> <li>Moisture Content</li> </ul> |                                   |
| Plant Pathology               |                                      |                                   |
| Fungi Disease Diagnosis       | Bacterial Disease Diagnosis          | Virus Disease Diagnosis (General) |
| Phytoplasma Disease Diagnosis | Viroid Disease Diagnosis             |                                   |
| Entomology                    |                                      |                                   |
| Insect Pest Diagnosis         |                                      |                                   |
| Nematology                    |                                      |                                   |
| Nematode Disease Diagnosis    |                                      |                                   |
| Other Tests                   |                                      |                                   |
|                               |                                      |                                   |
|                               |                                      | Assiss Calested Tests             |

Assign Selected Tests

#### Estimation of Cost

| (This is an estimated cost. Total amount payable to be confirmed upon sample submission.) |                       |                              |     |                           |               |        |
|---|-----------------------|------------------------------|-----|---------------------------|---------------|--------|
| S/N   | Tests/ Services       | Fee Description              | Qty | Unit Amt (S\$)            | Net Amt (S\$) |        |
| 1   | EIME, NTEXME          | Detection of pests-ELISA     | 2   | 26.50                     |               | 53.00  |
| 2   | Test Group: BNA, MFDD | Detection of pests-ELISA     | 2   | 26.50                     |               | 53.00  |
| 3   | Electrophoresis-dsRNA | dsRNA, phytoplasma or Viroid | 1   | 63.79                     |               | 63.79  |
|   |                       |                              |     | Total Fees ( Before GST ) |               | 169.79 |
|   |                       |                              |     | Total GST                 |               | 11.86  |
|   |                       |                              |     | Total Fees (After GST)    |               | 181.65 |

## **After Submission**

|  | HOME>>Online Application>>Laboratory Services>>Acknowledgement  |   |   |   |                     |
|--|---|---|---|---|---------------------|
| Home   | Request for Laboratory Services - (Step 4/4)  |   |   |   |                     |
| Online Application                                   | Acknowledgement<br>Thank you. Your application(s) has/have been submitted successfully. Please print a copy of this acknowled<br>Application(s) Submitted | Igement slip and submit it along with y | our samples to the following address by | the date(s) specified. Your application(s) will be deleted after 14 days if samples are not received. |                     |
| Booking  | S/N Application No. Barcode   | Date of Application                     | Submit Samples By                       | Product/Specimen  |                     |
| Laboratory Services                                  | 1 ELLA20K000024<br>2 ELLA20K000031  | 16/11/2020<br>17/11/2020                | 30/11/2020<br>01/12/2020                | (1) BLOOD, CAT<br>(1) BLOOD, CAT  |                     |
| My Applications                                      | National Parks Board<br>Animal & Veterinary Service   |   |   |   |                     |
| Resume Draft Lab Application<br>Copy Lab Application | Animal & Plant Health Centre<br>6 Perahu Road<br>Singapore 718827   |   |   |   |                     |
| Appointment Booking and<br>Result Enquiry            | Tel:65-63165168/88  |   |   |   | Data this a Caprics |
| Make Payment   | Print Now         Save (PDF)         Print Later. Register Another Application  |   |   |   | Rate this e-Service |
| Lab Application Status                               |   |   |   |   |                     |

- Submitter/Applicant can check the status of submission by clicking on 'Lab Application Status'
- Payment can be made by keying in the application number once bill has been approved.
  - My Applications  $\rightarrow$  Make Payment
- For more information on payment, please refer to Slide 36.

## Lab Application Status Enquiry

- Fill in the application date submitted & press search.
- Case status will appear as shown below.

| Lab Application Status Enquiry               |                                |  |  |                  |               |                     |         |             |     |
|--|--------------------------------|--|--|------------------|---------------|---------------------|---------|-------------|-----|
| This request is for                          | <ul> <li>Myself</li> </ul>     |  |  |                  |               |                     |         |             |     |
|  | OAuthorised Company No I       | tems 🗸 🗸                                 |  |                  |               |                     |         |             |     |
| Application Date *<br>(dd/mm/yyyy)           | From 17/11/2020                | То                                       | 17/11/2020                                 |                  |               |                     |         |             |     |
| Service Type                                 | OFood Testing and Export Healt | h Certification (Veterinary Health Certi | ficate for Meat, Fish & Dairy Product      | s)               |               |                     |         |             |     |
|  | OTesting of Animal Pathogens 8 | Veterinary Biologics                     |  |                  |               |                     |         |             |     |
|  | Plant Health Diagnosis Service | 95                                       |  |                  |               |                     |         |             |     |
| Application No.                              |                                | Search by Svc Ack No. Only               |  |                  |               |                     |         |             |     |
| Applicant's Ref. No.                         |                                |  |  |                  |               |                     |         |             |     |
| Search Reset                                 |                                |  |  |                  |               |                     |         |             |     |
| Search Results:                              |                                |  |  |                  |               |                     |         |             |     |
| 1 record(s) found                            |                                |  |  |                  |               |                     |         |             |     |
| S/N Purpose Code Lab Application/ Svc Ack No | Applicant's Ref No.            | Product Description*                     | Requestor / Company Name                   | Application Date | Received Date | Overall Case Status | Results | Ack Printed | Ack |
| 1 COM / ELLP20K000030                        |                                |  | HANA BINTE KAMSANI / HANA<br>BINTE KAMSANI | 17/11/2020       |               | Pending for Samples |         | N           |     |

If you are not paying through GIRO, please note that payment is required before you can view the results.

\* Full text can be viewed by clicking on the relevant Lab Application / Svc Ack No

View Lab Test Results

Print Acknowledgement Slip Save Acknowledgement (PDF)

### Payment

### **Modes of Payment**

- GIRO Deduction is made through customer's pre-arranged account
- NETs or Cashcard (APHC Reception Counter)
- AXS
- Online payment
  - Debit or Credit Card (Mastercard or VISA)

For Non-GIRO applicants, an invoice will be sent to you. The laboratory report will be released only upon receiving the full payment.

| HOME>>My Applications>>M | ake Payment   |  |   |
|--------------------------|---|--|---|
| Make Payment             |   |  |   |
|                          | Please enter the Application Number and click on Retrieve |  |   |
|                          |   |  | e payment via e-Service web by keying ation Number after bill approved. |
|                          | Application No.   | Retrieve e.g. XX9999999999999999999999999999999999 |   |

• Please refer to our service booklet for more information.

| Centre for Animal & Veterinary Sciences (CAVS)  | Plant Science & Health  |
|---|---|
| https://www.nparks.gov.sg/-<br>/media/avs/resources/cavs-service-booklet-version-2-<br>190820.pdf?la=en&hash=7C63E374B5E1298AD72FE6A<br>2EA6E10C6CB6F1C4A | <u>https://www.nparks.gov.sg/-/</u> media/avs/plant-<br>health-and-science/psh-service-booklet-v14-<br>eff-04012021.pdf?la=en |



- For CorpPass support, please contact helpdesk below CorpPass heldesk Operating Hours
  8am-8pm(Weekdays)
  8am-2pm (Sat)
  Tel: +65 66430577
  Email: support@corppass.gov.sg
- For Lab E-services matters,

Please email to

chan geok hua@nparks.gov.sg/hana kamsani@nparks.gov.sg/ iza\_othman@nparks.gov.sg