

Para-Site Diagnostic Services

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FEC count for Horses This test detects Strongyles / Parascaris

Name of Owner: _____

Address: _____

EMAIL address or fax number for all results: _____

Other if needed: _____

Date sample(s) COLLECTED:...../...../.20.....

ID of Animal / Name			
Age/Class:			
Last Drenched: Date			
Drench used			
Clinical signs / Notes			

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Do you require a larval culture?

YES / NO

If yes – please specify at what epg this is to be performed.....

Note: Submit rectal tape smear samples for Oxyuris detection