

# Para-Site Diagnostic Services

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 BENALLA 3671  
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Name of Veterinary Practice and address: \_\_\_\_\_

**Is this a priority processing request YES / NO (this attracts at \$20 fee)**

(circle what you require: otherwise there will be no priority allocated)

Name of Veterinarian submitting sample: \_\_\_\_\_

Which phone number do we use if we have any questions ? : \_\_\_\_\_

**OWNER DETAILS:**

NAME:

PH:

.....

ADDRESS:

FX:

.....

P'CODE:

EMAIL:

.....

Results are returned to Veterinarian by: fax / email to: \_\_\_\_\_

All invoices are sent to the Veterinary Practice with each result. Results are not sent to clients.

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

SPECIES of animal:.....

	1	2	3	4
<b>ID of Mob / Animal</b>				
<b>--Age/Class</b>				
<b>--% Scouring</b>				
<b>(faeces / milk / sera / GIT)</b>				
<b>Extra Test required</b>				
<b>Extra Test required</b>				

Do you require: a count for each single animal  OR a bulk count on each group

Do you require a Fluke check?  bulk  individual YES  NO

Do you require a larval culture?  bulk YES  NO

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

Other comments / special instructions / Additional testing / Notes on clinical condition