

ParaSite Diagnostic Services

Factory 1, 3 Bray Street

HASTINGS VIC 3915

Ph: 03 5979 3101

Fx: 03 5979 4499

ABN: 84 506 278 331

Email: parasite1@iinet.net.au



Poultry Sample Submission Form

LARGE SUBMISSION KIT - poultry - 10 screw cap bottles per kit

Submit one of these forms with each group you want tested.

Samples are not processed unless prepaid or there is an account

Shed / Group :	Age:	Type of bird:
Submitted by:		
Address:		
Number of samples: _____ Number of flocks: _____ Date collected: _____ There is a choice of 2 tests. Circle the test you require. An FEC count on each bottle because there is one sample per bottle so there will be 10 results (most expensive but maximum sensitivity) --or-- ONE bulk count using a sample from each bottle		
Tests carried out: Coccidiosis assessment / Round worms You can submit between 1 and 10 bottles. Collect one fresh faecal sample per bottle.		
<i>The lab prefers to return results to you by the quickest route possible. Please tell us which way is best for you. Email preferred.</i>		
To help interpret your result, please provide some information on the samples you are submitting, the reason, and how the laboratory can identify each sample group. If marking each bottle with a number please use indelible ink pens.		
Please send more LARGE testing kits: Yes please / No thanks (circle choice)		
Laboratory use only below this line		
Date sample received:	ParaSite accession number:	

Fill each bottle to no more than 75%. Screw on caps firmly. Place the bottles into the clip top plastic bag, and place it and this submission form into the mailing bag. Post in any post box. **Send samples by Express Post if they are urgent.**

Express Post Samples Are Priority Processed

www.parasite.com.au

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ParaSite Diagnostic Services Credit Card Poultry

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HASTINGS VIC 3915

Ph: 03 5766 4374

Fx: 03 5979 4499

ABN: 84 506 278 331

Email: parasite1@iinet.net.au

Credit card authorization form
Send this in with your samples
The price list can be found on www.parasite.com.au

Name: _____

Phone number: _____

Date: _____

Credit Card type: VISA / MASTERCARD only

NUMBER: _____

Expiry date: ____ / ____

Dollar Value: \$

Name on the card if different to name above:

COMMENTS:

Credit card details are not kept