



# Parasite Diagnostic Services

ABN: 83 359 351 104

Lab: (03) 5979 3101

Email: [parasite1@iinet.net.au](mailto:parasite1@iinet.net.au)

3 Bray Street, Hastings VIC 3915

Account Enquiries: (03) 5979 4488

<https://www.parasite.com.au>

## Lab Use Only

Accession No.:

Date Received:

Initials:

## Parasite Test Submission - Equine

NAME OF OWNER / COMPANY:

TESTING FOR CLIENT / FARM (optional):

ADDRESS:

Town:

State:

Postcode:

PHONE:

EMAIL (print clearly):

How do you wish to receive results?  email  fax  post  other:

Anyone else to receive results, and how?

## Sample & Testing Details - If you have more than 5 samples: use a copy of this page and change column numbers

SPECIES of animal:  HORSE  DONKEY  OTHER:

Date of collection: day / month / year

Sample Details	1	2	3	4	5
ID of Animal / Group:					
Age/Class :					
Any Scouring or Colic? :					
Date Last Drenched:					
Drench used :					

## Testing Required

WORM EGG CHECK:  INDIVIDUAL ANIMAL count OR  a BULK\* count for each group

LARVAL CULTURE?  NO  YES: ↪ if count is above .....eggs per gram of faeces

FLUKE CHECK?  NO  REGULAR  EXPORT  URGENT PRIORITY EXPORT\*\*

Which samples? .....

Deadline for export fluke results? .....

**Fluke results are positive or negative.** Contact us prior to sending if you require enumerated counts.

**\*\*URGENT PRIORITY EXPORT FLUKE TESTS** are guaranteed same-day results at short notice, **but you must phone us BEFORE sending the samples** to confirm availability, and they attract **a much higher cost**. Prices are available on our website: <https://www.parasite.com.au>.

**Collection/mailing of samples:** Please place at least one tablespoonful of **fresh** faeces per animal in each small bag.

**\*Bulk tests:** preferably collect ~10 samples per group, which may be submitted as a pooled sample or we can combine them here.

**For Export fluke testing** please send at least 20 g of faeces in case a repeat test is required.

**Seal all bags, pack carefully, preferably into a second sealable bag, and place in mailing satchel.** Postage costs will be minimised if all samples are sent in one parcel. Fit as many samples in the satchel as possible, or tape/tie satchels securely together, leaving one address clearly visible. This ensures all samples arrive together.

**Express Post samples are priority processed.** If you elect to use this service, simply place the bags/kit inside an Express Post satchel. Retain the tracking number sticker so you can trace your samples in transit.

Please send me more sample submission kits. Number required: \_\_\_\_\_

Address (if different to above):

## Payment

I am prepaying - **fill out the form overpage** OR  Please send me an invoice - **higher rates apply for invoicing if you do not have an account**



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## Payment Details for Parasite Testing

Prices are available on our website: <https://www.parasite.com.au>.

It is cheaper to send payment at the time of your submission.

Amount Paid or Authorized : \$ \_\_\_\_\_ Date: \_\_\_\_\_

Paying by:  Cheque  Credit Card (below)  EFT (below)  Cash

Or:  Please send me an invoice - **higher rates apply for invoicing if you do not have an account**

### Contact details:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### EFT DETAILS

Pay to: National Australia Bank, Branch: **083 253** Account number: **85376 7430**

Date EFT transaction made: \_\_\_\_\_ day / month / year

EFT Receipt #: \_\_\_\_\_ or you may wish to include a copy of the EFT receipt with your samples.

### CREDIT CARD AUTHORIZATION *Credit card details are not kept*

Credit Card type (circle):  VISA /  MASTERCARD

Name on Card: \_\_\_\_\_

Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiry date: \_\_\_\_ / \_\_\_\_ CCV: \_\_\_\_\_

### COMMENTS: