

ParaSite Diagnostic Services

Factory 1, 3 Bray Street
HASTINGS VIC 3915

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Email: parasite1@iinet.net.au



Name of Veterinary Practice and address: _____

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:.....

Please complete an Export Liver fluke form when sample are to be tested for export to WA.

	1	2	3	4
ID of Mob / Animal				
--Age/Class				
--% scouring (faeces / milk / sera / GIT)				
Extra Test Required				
Extra Test Required				

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

Express Post Samples Are Priority Processed

www.parasite.com.au