



# Parasite Diagnostic Services

ABN: 83 359 351 104

Lab: (03) 5979 3101

Email: [parasite1@inet.net.au](mailto:parasite1@inet.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 – Poultry and Other Avian

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

We will perform a **worm egg** and **coccidiosis** screen of your sample.

SPECIES of animal:  CHICKEN  TURKEY  OTHER:

Date of collection: day / month / year

	1	2	3	4	5
ID of Bird / Group / Shed::					
Breed:					
Age/Class :					
Any deaths or sickness?					
Recent medications / wormers?					

SAMPLE TYPE:  INDIVIDUAL BIRD test OR  a BULK\* test containing samples from multiple birds

**Collection/ mailing of samples:** Collect **fresh** faeces. If possible fill the sample bottle to 70-75% full. **Please do not overfill or bottles will leak.** Try to include some runny (caecal) material if available, along with regular faeces, or submit caecal material as a separate sample.

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

**Wipe the bottle clean and place it into the sealable bag, then place in the mailing satchel, along with this submission form.**

**For multiple samples:** 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.

**If you have several pens or flocks** it may be better to order a large kit – contact us!

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: