



Parasite Diagnostic Services

ABN: 83 359 351 104

Lab: (03) 5979 3101

Email: parasite1@iinet.net.au

Factory 1, 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

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

SPECIES of animal: CHICKEN TURKEY OTHER:

Date of collection: day / month / year

Sample Details	
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/mailling of samples: Collect fresh faeces. If possible fill the sample bottle to 70-75% full. Try to include some runny (caecal) material if available, along with the regular faeces.

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: