



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 – Algae Water Test

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

This test identifies the principal species of algae in water samples from dams, ponds, bores or tanks.

Date of collection: day / month / year

	1	2
Name / ID of water body :		
Size & approx. depth :		
Other details :		

Collect samples of algal scum from the water surface. We suggest you wear plastic gloves to avoid skin contact with the algae – some species of which may induce skin irritation.

Preferably fill the two bottles for one test, but if you have two samples you can use one bottle per test.

Post samples on same day of collection, as algal samples can rapidly deteriorate. We suggest that you do not mail them on Fridays.

Please seal the bottles tightly. Preferably seal the lids with tape.

Seal all bags, pack carefully, and place in mailing satchel.

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: