



# 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 - Sheep – Cattle – Goats - Alpacas

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:  SHEEP  CATTLE  GOAT  ALPACA  OTHER:

Date of collection: day / month / year

	1	2	3	4	5
ID of Mob / Animal / Paddock :					
Age/Class :					
% Scouring :					
% Dying :					
Date Last Drenched:					
Drench used :					
Lambing date (ewes):					

## 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 Which samples? .....

*Fluke results are positive or negative. Contact the lab prior to sending if you require enumerated fluke egg counts.*

**Collection/mailing of samples:** Please place at least one tablespoonful of fresh dung 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 sheep:** Put mob in corner, leave 5 minutes, move animals away, collect samples.

**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: