



# Parasite Diagnostic Services

ABN: 83 359 351 104

Lab: (03) 5979 3101

Email: [parasite1@iinet.net.au](mailto:parasite1@iinet.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 – Liver Fluke Antibody ELISA Test

NAME OF OWNER / COMPANY:

TESTING FOR CLIENT / FARM (optional):

ADDRESS:

Town:

State:

Postcode:

PHONE:

EMAIL (print clearly):

A report containing the test results will be sent to the above email address. Please list any other email addresses you'd like the results sent to:

### Sample & Testing Details - *If you have more than 5 samples: use a copy of this page and change column numbers*

SPECIES of animal:  CATTLE  OTHER:

Date of collection: day / month / year

Test Group:	1	2	3	4	5
ID of Herd / Animal / Milk Vat :					
Age/Class :					
Sample Type (circle)	Blood / Milk	Blood / Milk	Blood / Milk	Blood / Milk	Blood / Milk
# tubes to be pooled:					

### Sample Collection Instructions

**Milk:** Use only clean, unused 15 mL sample tubes. Collect 5-10 mL milk from **under the cream layer** from the milk vat. **Avoid collecting any cream.** Do not fill the tube by more than 75%. Label tubes clearly, seal tightly and **keep chilled at all times.** If mailing is delayed or the weather is hot, consider freezing the samples before sending. If so, ensure that the sample tubes are frozen upright and that the lids are loose to avoid the tubes cracking. Tighten the lids once the samples have frozen.

**Blood:** Preferably collect at least 10 samples from a herd and submit as two test groups of 5. We will pool the samples and perform two tests per herd. Collect at least 1 mL per animal into non-coagulating blood tubes. Seal the tubes tightly & label clearly with group ID. Stand tubes for 2-3 hours at room temp. for proper clotting, then refrigerate & keep chilled at all times. **Do not freeze!**

### Sample Mailing:

**Ensure tube lids are secured tightly before mailing.** Place each test group in a sealable bag, **only one group per bag**, so that if any tubes leak we can collect liquid from in the bag. Include an ice brick with the samples. Remember to include your paperwork. Send the samples by express post or courier.

Please send me sample submission kits. Number of sample tubes required: \_\_\_\_\_

Address (if different to above):

*(We can send packs of sample tubes to customers who will be sending ongoing submissions)*

### 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: