



Parasite Diagnostic Services

ABN: 83 359 351 104
Lab: (03) 5979 3101
lab@parasite.com.au

3 Bray Street, Hastings VIC 3915
Account enquiries: (03) 5979 4488
www.parasite.com.au

Lab Use Only

Accession No.:

Date Received:

Initials:

- Express
 Postage Paid
 In Person

Test Submission – PARASITE SPECIMEN IDENTIFICATION

For identification of maggots, ticks, lice, hatched worms, and other parasitic test samples.

Not for faecal worm egg, coccidia, or fluke tests –visit our website for relevant forms for these.

Account and owner details

Account holder or individual paying:

Optional - Name of your client or farm being tested (*only if different to above*):

Address and contact details

Street:

Town:

Phone:

State:

Email (print clearly):

Postcode:

How do you wish to receive results? Email (preferred) Other (*only if no email*) :

List any other emails that should receive results:

Sample info – for multiple samples attach additional copies of this form

Sample name / ID:	
Date of collection:	
Testing required: (e.g. species ID)	
Type of material: (e.g. maggots, ticks, worms)	
Type of preservative or suspension liquid, if used:	
Host animal species and other details:	
Any relevant host symptoms or pathology?	
Geographical location or region of sample origin:	
Other useful details about the sample, the host, or the situation in which the sample was obtained:	

For sample collection and mailing instructions, see overpage

Payment: For credit cards, please fill out the form overpage

- Credit Card Direct Deposit Cash Cheque Invoice me*



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Payment details

Prices are on our website: <https://www.parasite.com.au> .

Amount paid or authorised: \$ _____ Date: day / month / year

Payment method:	
<input type="checkbox"/>	Cash (in person only)
<input type="checkbox"/>	Cheque Make payable to Parasite Diagnostic Services .
<input type="checkbox"/>	Direct Deposit/ EFT Pay to: National Australia Bank - Branch: 083 253 - Account number: 85376 7430 Receipt #: _____ (or include a copy of the receipt)
<input type="checkbox"/>	Credit Card <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD Name on Card: _____ Number: _____ - _____ - _____ - _____ Expiry date: ____ / ____ CCV: _____

Collection and mailing of samples

Place test samples in a hard plastic sample jar or other sealable container. This protects and prevents them drying out during transit. One option is a small, yellow-lid specimen jar from a pharmacy. Ensure the lid is closed tightly and won't loosen in the post. Seal the lid with a few rounds of cling wrap or good tape and place in a zip-lock bag. Use some padding (such as paper towel or bubble wrap) or a padded bag to protect the container during transit.

Live parasites: Place some moistened tissue paper in the bottom of the jar to keep organisms hydrated. Live samples must be sent by Express Post or courier. If sending from a hot climate, consider including an ice brick but do not place this directly against the sample jar.

Dead parasites: Where feasible, place dead parasite samples in methylated spirits for a few hours, drain, then place the samples (not the liquid!) in the specimen container on top of some tissue paper moistened with methylated spirits. Never post samples containing liquid spirits.

Mailing: Seal and pad the sample jar (see above) before placing it in the mail satchel. Include completed submission form(s) but take care to ensure they can't be damaged by leaks or moisture. If you have multiple samples, fit as many as possible in the same mail satchel –multiple satchels can become separated and arrive on different days.

Express Post satchels are recommended, and are essential for live samples. Retain the tracking number sticker so you can trace your samples in transit. Our pre-addressed mail satchels will incur a postage fee and are often slower, so Express Post can end up a better and cheaper option.

We do not test human samples – please consult a medical specialist for these.

We also cannot test for viruses, bacteria, or other small microbes – please contact a veterinarian.

Order more test kits

Please send me more sample test submission kits. Number of kits required: _____

Address to send kits (if different to above):

Each kit contains a sample jar, submission form, and pre-addressed mail satchel.