



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 - 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 aboveeggs 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/mailling 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: