

# Veterinary Diagnostic Laboratory

## PARASITOLOGY SUBMISSION FORM

Telephone: + 61 8 8313 1914 (laboratory) / + 61 8 8313 1999 (clinic reception)  
Facsimile: + 61 8 8313 7736



**SAMPLE SUBMISSION NUMBER:**

*laboratory use only*

### OWNER/PRODUCER INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone/Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### SUBMITTER INFORMATION (if different to details above)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone/Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Person to be billed:**  Owner/Producer  Submitter  
**Report results to:**  Owner/Producer  Submitter  
**Send results by:**  EMAIL  FAX  POST

### ANIMAL/PATIENT INFORMATION (Please use 'Ancillary Submission Form' for additional animal/sample identification)

Species:  OVINE/CAPRINE  BOVINE  EQUINE  
 PORCINE  CAMELID  OTHER: \_\_\_\_\_

Name/ID\*: \_\_\_\_\_ \* Record herd/flock ID for bulk counts

Age/DOB: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

### SPECIMEN INFORMATION

Date of collection: \_\_\_\_\_

<b>Test(s) Requested:</b>	<input type="checkbox"/>	Routine Faecal Egg Count (individual)	\$ 15.00 each <sup>1</sup>
(Prices exclude GST)	<input type="checkbox"/>	Bulk Faecal Egg Count (10-20 samples)	\$ 35.00
	<input type="checkbox"/>	Drench Resistance Test	\$ 140.00 per group <sup>2</sup>
	<input type="checkbox"/>	Larval Culture and Identification	\$ 35.00
	<input type="checkbox"/>	Sedimentation (liver flukes)	\$ 81.50
	<input type="checkbox"/>	Baermann (lungworm)	\$ 46.00
	<input type="checkbox"/>	Coccidia/ <i>Cryptosporidium</i> / <i>Giardia</i> (sucrose faecal float)	\$ 30.00

Please note:

<sup>1</sup> If submitting 10 samples or more for individual faecal egg counts – please call for price (discounts apply)

<sup>2</sup> Price includes 15 individual faecal egg counts pre- and post-drenching

## Veterinary Diagnostic Laboratory

### ANCILLARY SUBMISSION FORM (Parasitology)

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**SAMPLE SUBMISSION NUMBER:**

*laboratory use only*

#### OWNER/PRODUCER INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Number of samples:** \_\_\_\_\_

**You MUST include the animal identification in the table & label the sample containers 1 to 20.**

SAMPLE	ANIMAL IDENTIFICATION	SAMPLE	ANIMAL IDENTIFICATION
1		11	
2		12	
3		13	
4		14	
5		15	
6		16	
7		17	
8		18	
9		19	
10		20	

Submitter's signature: \_\_\_\_\_ Date of collection: \_\_\_\_\_