Westlab

Agricultural Laboratory Services

Mob 087 9815658

Submission Form Parasitology

For official use only:

Init:_____

Date Rec:_____

Lab No:----------

Veterinary Practice:_____ Date:_____

Clinician (Please Print):_____

Practice Phone No:_____ Email:_____

Owner(s) Name:_____

Address:_____

:_____

Test Request (Report by email unless otherwise requested)

✔ **Tick heavily inside name box for selected text**

Parasitology. A minimum of 10 grams of faeces (and a maximum of 50 grams) required for parasitology. Please use rigid containers rather than gloves/bags.

Faeces	Strongyle eggs	Lungworm	Fluke (R +L)	Coccidia	Nematodirus
	Cryptosporidia				
Wool/ Skin scraping	Microscopy	Sheep Scab	Ringworm	Ectoparasites	

Sample No	Animal Id	Age	Comment