

Lab number: \_\_\_\_\_

PRACTICE	OWNER NAME
VETERINARIAN	OWNER ADDRESS/PH
VET REF NUMBER	
DATE SAMPLE COLLECTED	FARM ID / NAIT / AGRIBASE
PREVIOUS CASE NUMBER	ANIMAL ID <small>(add multiples overleaf)</small>
STOCK CLASS	BREED <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> <b>BOVINE</b> <input type="checkbox"/> OTHER:

*For clinical disease investigation (e.g. wasting etc.) please use our standard production animal submission form.*

TEST	REASON FOR TESTING
Faecal egg count - individual <input type="checkbox"/>	Standard FEC <input type="checkbox"/>
Faecal egg count - composite <input type="checkbox"/>	Capsule/long-acting injectable check <input type="checkbox"/> Date administered:
Larval culture - qualitative (standard) <input type="checkbox"/>	Pre-drench check <input type="checkbox"/>
Larval culture - quantitative <input type="checkbox"/>	<b>Post-drench check*</b> <input type="checkbox"/> <small>(please complete the information below)</small>

*PREVIOUS DRENCH INFO <small>(required)</small>	Pre-drench check Case No.:
DATE LAST DRENCHED: _____	- OR - DAYS POST DRENCH: _____
<b>Drench</b>	<b>Actives</b>
<input type="checkbox"/> Active duple/triple	<b>ABA/LEV or ABA/LEV/OXFEN</b>
<input type="checkbox"/> Alliance	<b>ABA/LEV/OXFEN</b>
<input type="checkbox"/> Boss pour on	<b>ABA/LEV</b>
<input type="checkbox"/> Concur	<b>ABA/LEV</b>
<input type="checkbox"/> Converge	<b>ABA/LEV</b>
<input type="checkbox"/> Cydectin injection/pour on	<b>MOXI</b>
<input type="checkbox"/> Dectomax / Dectomax V	<b>DOR or DOR/LEV</b>
<input type="checkbox"/> Eclipse injection/pour on	<b>EPRIN/LEV or ABA/LEV</b>
<input type="checkbox"/> Eprinex	<b>EPRIN</b>
<input type="checkbox"/> Exodus injection/pour on	<b>MOXI</b>
<input type="checkbox"/> Genesis injection/pour on	<b>ABA</b>
<input type="checkbox"/> Ivomec Plus	<b>IVER</b>
<input type="checkbox"/> Matrix	<b>ABA/LEV/OXFEN</b>
<input type="checkbox"/> Outlaw	<b>ABA/LEV</b>
<input type="checkbox"/> Reflex	<b>ABA</b>
<input type="checkbox"/> Saturn	<b>ABA/LEV</b>
<input type="checkbox"/> Turbo Advance injection/pour on	<b>EPRIN/IVER/LEV or EPRIN/LEV</b>
<input type="checkbox"/> Vetmed / Bimax / Triplemax	<b>ABA or ABA/LEV or ABA/LEV/OXFEN</b>
<input type="checkbox"/> Other (list below)	

SAMPLES RECEIVED (for lab use only)						Unpacked by:	Date rec'd:
Animal ID	Faeces	Animal ID	Faeces	Animal ID	Faeces	Animal ID	Faeces
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>



Laboratory contact details



Auckland
37-41 Carbine Road
Mt Wellington
Auckland 1642
T: 09 5744 701

Palmerston North
840 Tremaine Ave
Palmerston North 4440
T: 06 3567 100

Christchurch
7 Halkett Street
Christchurch 8140
T: 03 3799 484

Dunedin
Invermay Research
Centre, Puddle Alley
Mosgiel
T: 03 4894 600

Hamilton (logistics hub)
248 Grey Street
Hamilton East
Hamilton

0800 474 225 | www.awanuiivets.co.nz

CLINICAL HISTORY

Empty table for clinical history with 10 rows.

MULTIPLE ANIMAL IDs (herds, flocks etc.)

Table with 8 columns: Animal ID, Faeces, Animal ID, Faeces, Animal ID, Faeces, Animal ID, Faeces. Multiple empty rows for data entry.

LAB USE ONLY

Table with 4 columns: Date sent, Samples, Referral lab, Tests requested. Multiple empty rows for data entry.