

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"/> OVINE <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"/>	Post-drench check* <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:
Drench	No samples for testing Animal identifier e.g. blue, orange etc.
<input type="checkbox"/> Moxi	
<input type="checkbox"/> Aba / Alben	
<input type="checkbox"/> Aba / Clos	
<input type="checkbox"/> Aba / Derq	
<input type="checkbox"/> Aba / Lev	
<input type="checkbox"/> Aba / Mone	
<input type="checkbox"/> Alben / Lev	
<input type="checkbox"/> Eprin / Lev	
<input type="checkbox"/> Oxfen / Lev	
<input type="checkbox"/> Aba / Alben / Lev	
<input type="checkbox"/> Aba / Oxfen / Lev	
<input type="checkbox"/> Aba / Alben / Lev / Clos	
<input type="checkbox"/> Aba / Alben / Lev / Praz	
<input type="checkbox"/> Ive / Oxfen / Lev / Praz	
<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"/>

