

Lab number:

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

TEST	REASON FOR TESTING
<input type="checkbox"/> Gastrointestinal Nematode (GIN) PCR (<i>Trichostrongylus</i> spp., <i>Haemonchus</i> , <i>Teladorsagia</i> , <i>Nematodirus</i> , <i>Ostertagia</i> , <i>Cooperia</i> spp.)	<input type="checkbox"/> Pre-drench check*
<input type="checkbox"/> Bovine 1 - 10x individual Parasight® FEC (at 6-12 eggs/g), 1x GIN PCR composite	<input type="checkbox"/> Post-drench check* (<i>please complete the information below</i>)
<input type="checkbox"/> Bovine 2 - 1x composite Parasight® FEC composite, 1x GIN PCR composite	<input type="checkbox"/> Clinical
<input type="checkbox"/> Bovine 3 - 10x FEC individual 25 eggs/g, 1x GIN PCR composite	* <u>Not</u> suitable for FEC reduction calculations

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

