

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"/> OVINE <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"/> Ovine 1 - 10x FEC individual at 50 eggs/g, 1x GIN PCR composite	<input type="checkbox"/> Post-drench check* <i>(please complete the information below)</i>
<input type="checkbox"/> Ovine 2 - 1x FEC composite at 10 eggs/g, 1x GIN PCR composite	<input type="checkbox"/> Clinical

 * **Not** suitable for FEC reduction calculations

PREVIOUS DRENCH INFO <i>(required)</i>	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 <i>(for lab use only)</i>						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"/>

