

CROWSHALL VETERINARY SERVICES LLP

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PARASITOLOGY REQUEST SUBMISSION FORM

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Client Details:

Company Name		Site Name	
Company Address		Site Address	

Additional Information Required:

Date of Sampling		Species/Type of Bird	
House/Unit Numbers		Age of Birds	*Days/weeks
Flock Codes/Ref:			

* delete as necessary

DETAILS OF TESTS REQUIRED:- (please indicate number of samples FOR EACH TEST IN BOX)

WORM EGG COUNT (FAECAL)

WORM EGG COUNT (LITTER)

WORM EGG COUNT (CULL BIRDS)

OOCYST COUNT ESTIMATION (OPG)- (FAECES)

OOCYST COUNT ESTIMATION (OPG)- (LITTER)

OTHER (Please specify) _____

Any Other Important Information:

FOR LAB USE ONLY

Date of Receipt	
Date of Testing	
Crowshall Submission Reference Number	