



PARASITOLOGY REQUEST SUBMISSION FORM

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Company Name		Site Name	
Company Address		Site Address	

Date of Sampling		Species/Type of Bird	
House/Unit Numbers		Age of Birds	DAYS
			WEEKS
Flock Codes/Ref:		Total No. Samples Submitted	

DETAILS OF TESTS REQUIRED:

WORM EGG COUNT (FAECES)	
WORM EGG COUNT (LITTER)	
WORM EGG COUNT (CULL BIRDS)	
OOCYST COUNT (FAECES)	
OOCYST COUNT (LITTER)	
OTHER (Please Specify)	

