CROWSHALL VETERINARY SERVICES LLP

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PARASITOLOGY REQUEST SUBMISSION FORM

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Company Name	Site Name		
Company Address	Site Address		
		T	
Date of Sampling	Species/Type of Bird		
House/Unit Numbers	Age of Birds	DAYS	WEEK
Flock Codes/Ref:	Total No. Samples Submitted		1
DETAILS OF TESTS REQUIRED:	<u>:</u>		
WORM EGG COUNT (FAECE	S)		
WORM EGG COUNT (LITTER	2)		
WORM EGG COUNT (CULL B	BIRDS)		
OOCYST COUNT (FAECES)			
OOCYST COUNT (LITTER)			
OTHER (Please Specify)			

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For Lab Use Only:

Date Tested	
Samples Prepared By (Initial & Date)	
Samples Read By (Initial & Date)	
Results Inputted to Database By (Initial & Date)	

Laboratory Results

Sample No.	Coccidial Oocyst Count / gram	WEC / gram (Round Worm) Ascaridia spp.	WEC / gram (Hair Worm) Capillaria spp.	WEC / gram (Caecal Worm) Hetarakis spp.	Other / gram (specify if poss.)

Comments: