CROWSHALL VETERINARY SERVICES

Philip P Hammond

BVetMed PGCert Avian Health (hons) MAHM MRCVS

lan S Lowery

BVetMed PGCert ILHP MRCVS

Company Name

Company

Sally H Hutton BVSc MSc MRCVS Henry Lamb BVetMed MRCVS



PARASITOLOGY REQUEST SUBMISSION FORM

Site Name

Site Address

Completing this submission form means that you are giving Crowshall Veterinary Services permission to hold your personal data. Please refer to the Crowshall Veterinary Services <u>Data Protection Policy</u> Statement for more information. This is on display on our noticeboard or available at https://www.crowshall.co.uk/.

	Address					
L F		T	Cassias	True of	1	
	Date of Sampling		Species/Type of Bird			
	House/Unit Numbers		Age of Birds		DAYS	WEEKS
	Flock Codes/Ref:		Total No. Samples Submitted			
<u>D</u>	ETAILS OF TESTS R	EQUIRED:				
	WORM EGG COUN	T (FAECES)				
	WORM EGG COUN					
	WORM EGG COUN	COUNT (FAECES) COUNT (LITTER) COUNT (CULL BIRDS) JNT (FAECES)				
OOCYST COUNT (FAECES)						
	OOCYST COUNT (L	ITTER)				

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: