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## PARASITOLOGY REQUEST SUBMISSION FORM

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 [Data Protection Policy](#) Statement for more information. This is on display on our noticeboard or available at <https://www.crowshall.co.uk/>.

<b>Company Name</b>		<b>Site Name</b>	
<b>Company Address</b>		<b>Site Address</b>	

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

### DETAILS OF TESTS REQUIRED:

<b>WORM EGG COUNT (FAECES)</b>	
<b>WORM EGG COUNT (LITTER)</b>	
<b>WORM EGG COUNT (CULL BIRDS)</b>	
<b>OOCYST COUNT (FAECES)</b>	
<b>OOCYST COUNT (LITTER)</b>	
<b>OTHER (Please Specify)</b>	

