

# Sample submission form



## TEST-A-PET

The Veterinary Parasitology  
Diagnostic Service

Contact name \_\_\_\_\_  
Company name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

Animal name \_\_\_\_\_  
Sample ref \_\_\_\_\_  
Owner \_\_\_\_\_  
Species \_\_\_\_\_  
Breed \_\_\_\_\_  
Age \_\_\_\_\_  
Sex \_\_\_\_\_  
Date sample taken \_\_\_\_\_

### Clinical history (particularly travel details where applicable)

TEST	X
<i>Neospora caninum</i> IFAT	<input type="checkbox"/>
<i>Toxoplasma gondii</i> DAT	<input type="checkbox"/>
<i>Babesia canis</i> blood screen	<input type="checkbox"/>
<i>Dirofilaria immitis</i> Antigen test	<input type="checkbox"/>
<i>Dirofilaria immitis</i> microfilaria test	<input type="checkbox"/>
<i>Ehrlichia canis</i> Antibody test	<input type="checkbox"/>
<i>Ehrlichia canis</i> blood screen	<input type="checkbox"/>
<i>Leishmania infantum</i> IFAT	<input type="checkbox"/>
<i>Dirofilaria immitis</i> Acid phosphatase stain	<input type="checkbox"/>

TEST	X
Worm egg screen	<input type="checkbox"/>
Worm egg McMaster count	<input type="checkbox"/>
Coccidiosis screen	<input type="checkbox"/>
<i>Cryptosporidium</i> screen	<input type="checkbox"/>
<i>Giardia</i> screen	<input type="checkbox"/>
Lungworm Baerman test	<input type="checkbox"/>
Lungworm species identification	<input type="checkbox"/>
Parasite identification *	<input type="checkbox"/>

\* Please complete additional sample submission form

Please complete this form and send with sample to:

**TEST-A-PET**  
**Veterinary Parasitology**  
Faculty of Veterinary Science  
The University of Liverpool  
Liverpool  
L69 7ZJ

Telephone:  
**0151 794 1178** (Laboratory and general enquiries)  
**07970 247 376** (Clinical advice)  
Fax:  
**0151 794 1519**  
Website: [www.testapet.com](http://www.testapet.com)  
Email: [testapet@liverpool.ac.uk](mailto:testapet@liverpool.ac.uk)