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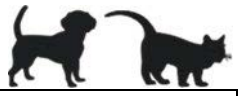

Sender (stamp):

APPLICATION FORM FOR PARASITOLOGICAL EXAMINATION

Animal species: ☐ dogs ☐ cats
Name: Age:

***Microchip no.:**

Sample: ☐ serum / plasma ☐ whole blood (EDTA) ☐ faeces ☐

Owner:

***Date of dispatch:**
***Date of sample collection:**

☐ Send examination report by fax or e-mail to:

Invoice will be send to sender (veterinarian) only!

Animal to be examined for export to: ☐ Australia ☐ New Zealand ☐ South Africa ☐

➔ Please mark with a cross ←

Faeces

- ☐ Gastrointestinal parasites, incl. liver flukes K-01 / K-03
- ☐ Lungworms K-04
- ☐ Giardia coproantigen[1] K-06
- ☐ Tritrichomonas DNA (cat only) K-09
- ☐ Cryptosporidium coproantigen[1] K-08
- ☐ Echinococcus DNA (dog only) K-11
  (only if diagnosis is suspected **and** requested by a veterinary surgeon)
- ☐

Whole blood, blood smear (WB) / Tissue (T)

- ☐ Parasite stages in Giemsa-stained blood smear (WB) B-01
- ☐ Echinococcus metacestodes DNA[5] (T) B-24
- ☐ Leishmania in Giemsa-stained tissue sample (T) B-02
- ☐ Leishmania DNA[5] (T) B-04
- ☐ Microfilariae DNA[5] (WB) B-07
- ☐ Neospora caninum DNA[5] (T) B-21
- ☐ Toxoplasma gondii DNA[5] (T) B-19 ☐

[1] ELISA. [2] Immunofluorescence antibody test (IFAT). [3] Indirect hemagglutination test (IHA). [4] Card agglutination test (CATT). [5] PCR.

Skin / Hair

- ☐ Mites, other ectoparasites H-01 / H-02 / H-03 ☐

Urine

- ☐ Capillaria plica U-01

Other sample material

- ☐

Please note our data protection directive (see institute's website).

* These data have been directly copied from the application form written by the sender. The undersigned does NOT guarantee the correctness of these data.

Stamp:

Date of receipt in lab:

Journal no.:

(for further inquiries please indicate!)

EXAMINATION REPORT:

Remarks:

☐ Sample amount not sufficient
☐ Please call back: ☎ +49 641 99

Date:

Signature: