



PARASITOLOGY – EXPORT FLUKE Specimen Advice Form

Completed forms and associated samples can be submitted to the laboratory at Woodbridge Road, Menangle. For assistance in completing this form contact Customer Service on 1800 675 623. For current pricing, refer to the [Veterinary Test List](#). Please read the [privacy statement](#) for information about how the NSW Department of Primary Industries and Regional Development manages your personal information.

Customer No:		Your Reference:		Quote No: (If applicable)	
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SUBMITTER DETAILS	
Submitting Veterinarian:	Veterinary Clinic:
Postal Address:	ABN:
Email:	Phone:

OWNER DETAILS	
Owner name:	Phone:
Property address:	PIC:
Postal address:	Postcode:

SUBMISSION REQUIREMENTS- <u>Sample must be taken and submitted by a licensed Veterinarian</u>	
Sample Type: Faeces	CATTLE- 20G; HORSES- 2 x 20G per horse, submitted in 1 submission SHEEP/GOAT/CAMELID- 10G

SUBMISSION DETAILS:	
Species ☐ Sheep ☐ Cattle ☐ Horse ☐ Alpaca ☐ Goat ☐ Other:	

NB: For multiple species, please indicate on the key list supplied on reverse of this form.

Collection Date		WA Border Crossing Date	
Are the animals exported into an exclusion zone (Exempt from 14 day test interval)?		☐ YES	☐ NO
No of animals in mob/herd		Date of last Flukicide treatment	

PLEASE INDICATE IF URGENT* TESTING IS REQUIRED (This will incur an additional charge) ☐

*Note: 72 hr turnaround time for submissions containing <5 samples. For submissions containing >10 samples, please contact laboratory.services@dpiird.nsw.gov.au or 02 46406325. Standard turnaround time for sample numbers between 1-19 is 1-2 weeks. If faster TAT is required, please pre-arrange sample submission. Otherwise, additional charges may apply.

Please DO NOT send payment - you will be sent an invoice upon completion of testing

For other tests and current pricing, please visit our website at: [Veterinary Test List](#)

KEYLIST >10 SAMPLES, contact [Customer Service](#) for an electronic key-list and instructions for use. If there are multiple species in 1 submission, please include species in sample ID section (I.e. 1. Mable (Goat) 2. Betty (Alpaca)).

Sample ID (I.e. "Bob (Goat) 123 456 789 101 112" or "XYZ012")	Age	Sex	Most recent Flukizide treatment
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

DECLARATION	
By signing below, I declare that I am authorised to request analysis on the samples listed above and I have read and agree to the NSW DPIRD Laboratory Services Terms and Conditions that can be accessed on the website or provided to me by contacting Customer Services.	
Name:	Signature: Date:
LAB USE ONLY	☐ E ☐ Other
QA	