Department of Primary Industries and Regional Development

PARASITOLOGY- HORSE WORMTEST 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)*

SUBMITTER DETAILS	
Submitter name:	**KIT ID:**
Company/Clinic:	ABN:
Postal address:	Phone:
Email:	

OWNER DETAILS	
Owner name: (if different from above)	Phone:
Property address:	PIC:
Postal address:	Postcode:

SUBMISSION DETAILS

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

Are these animals losing weight? ☐ Yes ☐ No	**Collection date:**
Are these animals scouring? ☐ Yes ☐ No	Breed:
Do all horses share one paddock? ☐ YES ☐ NO	Herd name:
Do the paddocks get cleaned regularly? ☐ NO ☐ YES, DAILY ☐ YES, WEEKLY	No. in herd:
Age Group: ☐ Foal (<1 yr) ☐ Young (1-3 yrs) ☐ Adult (3-15 yrs) ☐ Old (>15 yrs)	Total no. of samples:

No. of dead animals:	No. of sick animals:	No of animals at risk:

TESTING REQUIRED- Tick relevant box-
(Please do NOT send payment, you will be sent an invoice upon completion of testing)

Egg Counts Package- up to 10 animals	**Liver and Stomach Fluke Egg Testing- Up to 10 animals**
☐ Pooled count ONLY (2 pools of 5 animals)	*Sedimentation Presence/Absence of Liver & Stomach Fluke eggs*
☐ Pooled count (2 pools of 5 animals) + worm typing	☐ Individual testing
☐ Individual count ONLY	***Note: If export Fluke testing is required please tick & fill in below:***
☐ Individual count + worm typing	☐ *Export to:* *Export/WA crossing date:*
☐ Worm typing (larval differentiation) only	
Please note: ***If >1 or no test is selected, an individual count and worm typing will be performed.*** ☐ ***TICK IF URGENT TESTING REQUIRED-*** *This will incur an additional charge.*	*Pinworm* ☐ Pinworm (Please provide stick tape sample from anal region)

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	☐ **D** ☐ **M** ☐ **AI** ☐ **E** ☐ **OTHER:** ☐ **NOTIFIABLE** ☐ **EXOTIC** ☐ **ACCREDITATION** ☐ **RESIDUE** ☐ **WELFARE**
QA	☐ URGENT ☐ After hours approved ☐ Same day approved ☐ Frozen ☐ Thawed ☐ Esky return ☐ No/incorrect ID's

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SAMPLE KEYLIST-
For INTERNATIONAL LIVE ANIMAL EXPORT SUBMISSIONS or >10 SAMPLES, contact Customer Service for an electronic key-list and instructions (DO NOT USE THE KEY-LIST BELOW).

Sample ID (For drench testing, include group colour)	**Age**	**Sex**	**Most recent worming/drenching**			**Sample Collection Date**
			Product	**Volume (ml)**	**Date given**	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						