Submission Form	For official use only: Init: Date: Recd:
Paral abs Ltd	Cond:
	Req:
	Aoi:
	PyTD:
Veterinary Practice:	Date:
Clinician (Please print):	
Practice phone No.: email:	
Owner(s) Name: Animal(s) Name/ID:	
Species: Breed:	
Age: Sex: Entire	Y/N Colour:
Sample type(s): Samp	le No.: Sample ID
m 4	
Tests: McMaster Sedimentation Modified Baerman	nn Wash/ Lavage Toxoplasma LAT
Flotation Cryptosporidia (Stain) Direct	exam KOH (skin scrape) Identification
Immunochromatographic Assay (Antigen) (Please specify):-	
Immunochromatographic Assay (Antibody) (Please specify):-	
ELISA (Please specify) :-	
Other Technique (please	
specify):	