**PARASITOLOGY REQUEST SUBMISSION FORM**

**Completing this submission form means that you are giving Crowshall Veterinary Services LLP permission to hold your personal data. Please refer to the Crowshall Veterinary Services LLP Data Protection Policy Statement for more information. This is on display on our noticeboard or available at** [**https://www.crowshall.co.uk/**](https://www.crowshall.co.uk/)**.**

**Client Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name  |  | Site Name  |  |
| Company Address |  | Site Address |  |

**Additional Information Required:**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Sampling |  | Species/Type of Bird |  |
| House/Unit Numbers |  | Age of Birds |  \***Days/weeks** |
| Flock Codes/Ref: |  |

\* delete as necessary

**DETAILS OF TESTS REQUIRED:-**  **(please indicate number of samples FOR EACH TEST IN BOX)**

**WORM EGG COUNT (FAECAL)**

**WORM EGG COUNT (LITTER)**

 **WORM EGG COUNT (CULL BIRDS)**

**OOCYST COUNT ESTIMATION (OPG)- (FAECES)**

**OOCYST COUNT ESTIMATION (OPG)- (LITTER)**

**OTHER (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any Other Important Information:**

**FOR LAB USE ONLY**

|  |  |
| --- | --- |
| Date of Receipt |  |
| Date of Testing |  |
| Crowshall Submission Reference Number |  |