Department of Primary Industries and Regional Development

PARASITOLOGY – EXPORT FLUKE Specimen Advice Form

Completed forms and associated samples can be submitted to the laboratory at Woodbridge Road, Menangle. For assistance completing this form contact the Customer Service Unit on 1800 675 623. *For tests and current pricing, please visit our website at DPIRD Laboratory Services:* ***Veterinary Test List***

Customer No: | **Your Reference:** | **Quote No: (If applicable)**

SUBMITTER DETAILS

Submitting Veterinarian:	Veterinary Clinic:
Postal Address:	ABN:
Email:	Phone:

OWNER DETAILS

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

SUBMISSION REQUIREMENTS- Sample must be taken and submitted by a licensed Veterinarian

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@dpird.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	