

Clinical Parasitology Laboratory

Penn Vet - MJR/VHUP - Room 4109 - 3900 Delancey Street - Philadelphia, PA 19104

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www.vet.upenn.edu/diagnosticlabs



Parasitology Submission Form

Patient name: _____

Hospital name: _____

Patient ID: _____

Hospital address: _____

Owner name: _____

Owner zip code: _____

Phone number: _____

Species: Can Fel Eq Other _____

Veterinarian name: _____

Breed: _____

Results email: _____

Date of birth: _____

Billing email: _____

Sex: F FS M MC

MEDICATIONS: _____

CLINICAL SIGNS: _____

COLLECTION DATE/TIME: _____

TESTING:

Fecal float (small animal) - routine; 5 grams fresh feces

Fecal float (large animal) - float and McMaster Egg count if eggs are found on float

Fecal float - recheck; 5 grams fresh feces

- List date/accession of prior submission _____

Fecal occult blood

Giardia antigen test- fecal float add on

Baermann fecal examination; 10 grams fresh feces

Fecal Batch Egg Count (3 or more ovine caprine or camili

Fecal egg count reduction test (FECRT)- submit prior report

Parasite ID (submit parasite in 70% alcohol)

Heartworm antigen - canine (Idexx semi-quantitative snap test); 2 ml WB-EDTA

Knott's Test; 1 ml WB-EDTA

Snap-4DxPlus; 1-2 ml WB-EDTA