

Clinical Parasitology Laboratory

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PARASITOLOGY SUBMISSION FORM

Patient name: _____

Hospital name: _____

Patient ID: _____

Hospital address: _____

Owner name: _____

Owner zip code: _____

Phone number: _____

Species: Can Fel Eq Other _____

Veterinarian: _____

Breed: _____

Results delivery: _____

Date of birth: _____

Billing address: _____

Sex: F FS M MC

**Please provide preferred test result delivery address (results to veterinarian/practice) and practice billing address - email preferred (fax numbers acceptable for billing). Addresses*

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 _____
- Giardia antigen test - fecal float add on
- Baermann fecal examination; 10 grams fresh feces
- Fecal Batch Egg Count
- 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
- Heartworm Antibody (Feline) - Heska Solo Step; 1 mL serum
- Knott's Test; 1 mL WB-EDTA
- Snap-4Dx Plus; 1-2 mL WB-EDTA