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http://www.uni-giessen.de/fbz/fb10/institute_klinikum/institute/parasitologie/diagnostik



Sender (stamp):		APPLICATION FORM FOR PARASITOLOGICAL EXAMINATION	
		Animal species: <input type="checkbox"/> dogs <input type="checkbox"/> cats	
		Name: _____	Age: _____
		*Microchip no.: _____	
		Sample: <input type="checkbox"/> serum / plasma <input type="checkbox"/> whole blood (EDTA)	
		<input type="checkbox"/> faeces <input type="checkbox"/>	
Owner: E-Mail: Address:	*Date of dispatch:		Invoice will be send to sender (veterinarian) only!
	*Date of sample collection:		
		<input type="checkbox"/> Send examination report by fax or e-mail to:	
Animal to be examined for export to: <input type="checkbox"/> Australia <input type="checkbox"/> New Zealand <input type="checkbox"/> South Africa <input type="checkbox"/>			
→ Please mark with a cross ←		Date of receipt in lab:	
Faeces		Journal no.:	
Gastrointestinal parasites, incl. liver flukes K-01 / K-03		(for further inquiries please indicate!)	
Lungworms	K-04	<u>EXAMINATION REPORT:</u>	
Giardia coproantigen ¹	K-06		
Trichostrongylus axei DNA (cat only)	K-09		
Cryptosporidium coproantigen ¹	K-08		
Echinococcus DNA (dog only)	K-11		
(only if diagnosis is suspected and requested by a veterinary surgeon)			
Whole blood, blood smear (WB) / Tissue (T)			
Parasite stages in Giemsa-stained blood smear (WB)		B-01	
Echinococcus metacestodes DNA ⁵ (T)		B-24	
Leishmania in Giemsa-stained tissue sample (T)		B-02	
Leishmania DNA ⁵ (T)		B-04	
Microfilariae DNA ⁵ (WB)		B-07	
Neospora caninum DNA ⁵ (T)		B-21	
Toxoplasma gondii DNA ⁵ (T)		B-19	
¹ ELISA. ² Immunofluorescence antibody test (IFAT). ³ Indirect hemagglutination test (IHA). ⁴ Card agglutination test (CATT). ⁵ PCR.			
Skin / Hair		Remarks:	
<input type="checkbox"/> Mites, other ectoparasites H-01 / H-02 / H-03			
Urine			
<input type="checkbox"/> Capillaria plica U-01		<input type="checkbox"/> Sample amount not sufficient	
Other sample material		<input type="checkbox"/> Please call back: ☎ +49 641 99	
		Date: _____	
<input type="checkbox"/>		Signature: _____	
Please note our data protection directive (see institute's website).			
* These data have been directly copied from the application form written by the sender. The undersigned does NOT guarantee the correctness of these data.			