

## THE DIAGNOSTIC PARASITOLOGY LABORATORY

Tel: +44 (0)20 7927 2427 www.parasite-referencelab.co.uk

## **ANIMAL SPECIMEN REFERRAL FORM**

Species		Name(s)/
of animal		Group
ID		/5
ID no.		m/f
Name and address of referring veterinarian:		Name and address for reports (if different):
ESSENTIAL INFORMATION Telephone number for contact relating to this specimen:		Name and address for invoices (if different):
Specimen.		Purchase order number:
Type of specimen:  Faeces Single kit Triple kit Other Please specify  Specimen date(s)		
Clinical details: Please state if high risk and nature of risk		
		ary tests you would like us to perform: (please note these
tests will incur an additional charge) Techlab II ELISA for Entamoeba histolytica adhesin ImmunocardSTAT for Cryptosporidium/Giardia		
		Si jetosporiaiain, siai aid

Please return form and specimen by FREEPOST using packaging provided. Alternatively, please send by post/courier to the Diagnostic Parasitology Laboratory, Faculty of Infectious & Tropical Diseases, London School of Hygiene & Tropical Medicine, Keppel Street, London WC1E 7HT OR via Hays DX to HPA Malaria Reference Lab, DX 6641200, Tottenham Crt RD92WC