

Parasitology Submission Form

WVSC Ref:	WVSC USE ONLY
Date & Time received:	WVSC USE ONLY

PLEASE COMPLETE ALL SECTIONS BELOW

CLIENT'S NAME & ADDRESS

CPHH:	

VETERINARY PRACTICE

Email(s) for results*:	
Clinician:	
& mobile no:	

SAMPLE DETAILS

Species:	
Breed:	
Date sampled:	
Total number of samples:	

* The email address(es) given will be used to report results.

SAMPLE IDENTIFICATION

SAMPLE ID	SAMPLE TYPE	TEST REQUESTED

Comments:	
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CASE CONTROL – WVSC USE ONLY

Samples Delivered by:	<input type="checkbox"/> Post/Courier / <input type="checkbox"/> Collected from Post Office / <input type="checkbox"/> PVS / <input type="checkbox"/> Farmer / <input type="checkbox"/> Other:	
Samples Received by:		
Comments/Telephone reports/Messages/Reports sent	Initials and Date	
WVSC USE ONLY	WVSC USE ONLY	
WVSC USE ONLY	WVSC USE ONLY	
WVSC USE ONLY	WVSC USE ONLY	

Please tick this box if samples cannot be used anonymously for research and/or test development

DATA PROTECTION: Any information given on this form regarding samples submitted for post-mortem examination may be shared with the APHA as part of the government surveillance network. For further information on how we handle personal data please read our privacy notice at www.wvsc.wales

Please use a paginated supplementary sheet for additional animal/sample identification if required*