

Export Submission Form

EXPORT
SUBMISSION FORM

SUBMITTER DETAILS

Veterinary Practice: _____

Address: _____

Veterinarian Full Name: _____

Signature: _____

PATIENT DETAILS - Please submit a separate form for each animal

Date of sampling: _____

Export destination: _____

Owners name: _____

Animals name/ ID: _____

Species: _____

Breed: _____

Gender: Male Female Entire Neutered

Age/DOB: _____

Microchip (15 digits): _____

TESTING REQUIRED - Please tick the appropriate box

- | | |
|--|--------------------------|
| <input type="checkbox"/> <i>Trypanosoma evansi</i> smear examination | 2 blood smears/ 1ml EDTA |
| <input type="checkbox"/> <i>Babesia gibsoni</i> smear examination | 2 blood smears/1ml EDTA |
| <input type="checkbox"/> <i>Ehrlichia canis</i> IFAT serology | 1ml serum |
| <input type="checkbox"/> <i>Leishmania spp.</i> IFAT serology | 1ml serum |
| <input type="checkbox"/> Microfilaria concentration | 1ml EDTA blood |
| <input type="checkbox"/> Heartworm Antigen test | 1ml EDTA blood or serum |
| <input type="checkbox"/> <i>Babesia gibsoni</i> PCR | 2ml EDTA blood |
| <input type="checkbox"/> South Africa Combo
(<i>Babesia gibsoni</i> smear, Heartworm concentration,
<i>Leishmania spp.</i> IFA, <i>Trypanosoma evansi</i> CAT & Geisma smear) | EDTA & serum & 2 smears |
| <input type="checkbox"/> South Africa Combo plus <i>Brucella canis</i> | EDTA & serum & 2 smears |
| <input type="checkbox"/> Other: _____ | _____ |

LAB USE ONLY

TECHNOLOGIST _____

PATHOLOGIST _____

Vetnostics Pathology (Formerly Vetpath Laboratory Services)

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NATA Accredited
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