

OVA & PARASITE MULTI-TEST REQUEST FORM

Submission instructions:

1. Submit a maximum of eight (8 pets/8 patients) per form. One form only per ziplock bag.
2. This form should only be used for the individual tests listed, NOT panels.
3. **Label each tube number 1 through 8 corresponding to the number on the request.**
4. **TRANSFER SPECIMEN TO THE APPROPRIATE CONTAINER. PLEASE DO NOT SUBMIT BAGS.**

DATE

/ /

BLOOD

FOR LAB
USE ONLY

1	CLIENT																				SPECIES <input type="checkbox"/> CANINE <input type="checkbox"/> FELINE <input type="checkbox"/> OTHER	AGE OF PET:	<input type="checkbox"/> T807 O&P, CENTRIFUGATION
	PET NAME																						
	CHART NO.																						
FOR LAB USE ONLY		SPECIMENS SUBMITTED																	<input type="checkbox"/> FC	<input type="checkbox"/> FR	<input type="checkbox"/> F		

FOR LAB
USE ONLY

2	CLIENT																				SPECIES <input type="checkbox"/> CANINE <input type="checkbox"/> FELINE <input type="checkbox"/> OTHER	AGE OF PET:	<input type="checkbox"/> T807 O&P, CENTRIFUGATION
	PET NAME																						
	CHART NO.																						
FOR LAB USE ONLY		SPECIMENS SUBMITTED																	<input type="checkbox"/> FC	<input type="checkbox"/> FR	<input type="checkbox"/> F		

FOR LAB
USE ONLY

3	CLIENT																				SPECIES <input type="checkbox"/> CANINE <input type="checkbox"/> FELINE <input type="checkbox"/> OTHER	AGE OF PET:	<input type="checkbox"/> T807 O&P, CENTRIFUGATION
	PET NAME																						
	CHART NO.																						
FOR LAB USE ONLY		SPECIMENS SUBMITTED																	<input type="checkbox"/> FC	<input type="checkbox"/> FR	<input type="checkbox"/> F		

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4	CLIENT																				SPECIES <input type="checkbox"/> CANINE <input type="checkbox"/> FELINE <input type="checkbox"/> OTHER	AGE OF PET:	<input type="checkbox"/> T807 O&P, CENTRIFUGATION
	PET NAME																						
	CHART NO.																						
FOR LAB USE ONLY		SPECIMENS SUBMITTED																	<input type="checkbox"/> FC	<input type="checkbox"/> FR	<input type="checkbox"/> F		

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5	CLIENT																				SPECIES <input type="checkbox"/> CANINE <input type="checkbox"/> FELINE <input type="checkbox"/> OTHER	AGE OF PET:	<input type="checkbox"/> T807 O&P, CENTRIFUGATION
	PET NAME																						
	CHART NO.																						
FOR LAB USE ONLY		SPECIMENS SUBMITTED																	<input type="checkbox"/> FC	<input type="checkbox"/> FR	<input type="checkbox"/> F		

FOR LAB
USE ONLY

6	CLIENT																				SPECIES <input type="checkbox"/> CANINE <input type="checkbox"/> FELINE <input type="checkbox"/> OTHER	AGE OF PET:	<input type="checkbox"/> T807 O&P, CENTRIFUGATION
	PET NAME																						
	CHART NO.																						
FOR LAB USE ONLY		SPECIMENS SUBMITTED																	<input type="checkbox"/> FC	<input type="checkbox"/> FR	<input type="checkbox"/> F		

FOR LAB
USE ONLY

7	CLIENT																				SPECIES <input type="checkbox"/> CANINE <input type="checkbox"/> FELINE <input type="checkbox"/> OTHER	AGE OF PET:	<input type="checkbox"/> T807 O&P, CENTRIFUGATION
	PET NAME																						
	CHART NO.																						
FOR LAB USE ONLY		SPECIMENS SUBMITTED																	<input type="checkbox"/> FC	<input type="checkbox"/> FR	<input type="checkbox"/> F		

FOR LAB
USE ONLY

8	CLIENT																				SPECIES <input type="checkbox"/> CANINE <input type="checkbox"/> FELINE <input type="checkbox"/> OTHER	AGE OF PET:	<input type="checkbox"/> T807 O&P, CENTRIFUGATION
	PET NAME																						
	CHART NO.																						
FOR LAB USE ONLY		SPECIMENS SUBMITTED																	<input type="checkbox"/> FC	<input type="checkbox"/> FR	<input type="checkbox"/> F		