

Export Submission Form

AUSTRALIA to NEW ZEALAND
AUSTRALIA to SOUTH AFRICA

SUBMITTER DETAILS

Veterinary Practice: _____

Address: _____

Veterinarian Full Name: _____

Authorising 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>Babesia gibsoni</i> (Asian strain) IFAT Serology | 1ml serum |
| <input type="checkbox"/> <i>Babesia</i> smear examination | 2 blood smears/ 1ml EDTA |
| <input type="checkbox"/> Ehrlichia canis IFAT serology | 1ml serum |
| <input type="checkbox"/> Leishmania spp. IFAT screening 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"/> New Zealand Combo (<i>Babesia gibsoni</i> IFA & Heartworm Antigen) | 1ml serum |
| <input type="checkbox"/> South Africa Combo
(<i>Babesia gibsoni</i> IFA & smear, Heartworm concentration,
Leishmania, <i>Brucella canis</i> , <i>Trypanosoma evansi</i> CAT & Geisma smear) | EDTA & serum & 2 smears |
| <input type="checkbox"/> Other: _____ | |

LAB USE ONLY

TECHNOLOGIST _____

PATHOLOGIST _____

1 Sabre Crescent, Jandakot, Western Australia 6164 P +61 8 9317 0777 E admin@vetpath.com.au



NATA Accredited
Laboratory Number 14776

vetpath.com.au

