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**EXPORT
SUBMISSION FORM**

SUBMITTING VETERINARIAN'S DETAILS

Veterinary Surgeon's Name (Please PRINT):

Signature:

Practice Name and Address (Stamp)

PATIENT DETAILS (Please submit a separate form for each animal)

Date of sampling:	
Export destination:	
Departure date:	
Owner's name:	
Animal's name/ID:	
Species:	
Breed:	
Gender: (please circle)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Entire <input type="checkbox"/> Neuter
Age/date of birth:	
Microchip number:	

TESTS REQUESTED (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 from ear |
| <input type="checkbox"/> <i>Ehrlichia canis</i> IFAT serology | 1ml serum |
| <input type="checkbox"/> <i>Leishmania</i> spp. IFAT screening serology | 1ml serum |
| <input type="checkbox"/> Microfilaria concentration | EDTA blood |
| <input type="checkbox"/> Heartworm Antigen test | EDTA blood or serum |
| <input type="checkbox"/> Rabies serology for the PETS scheme via BIOBEST* | 1ml serum |

RESULTS

FOR LABORATORY USE ONLY

Date Received:

Practice Code:

Samples received:

TEST	RESULT	INITIALS
<i>Babesia gibsoni</i> (Asian strain) IFAT serology		
<i>Babesia</i> smear examination		
Microfilaria concentration		
Heartworm Antigen test		
<i>Ehrlichia canis</i> IFAT serology		
<i>Leishmania</i> spp. IFAT screening serology		
Pathologist:		