

# IOWA STATE UNIVERSITY

**Department of Veterinary Pathology**

**Clinical Pathology Department**

1800 Christensen Drive, Room 1798  
Ames, IA 50011-1134

[vetmed.iastate.edu/vpath/diagnostic-services](http://vetmed.iastate.edu/vpath/diagnostic-services)

Phone: 515-294-0957 | Fax: 515-294-6906

*For Office Use Only*

Case number: \_\_\_\_\_

Pathologist(s): \_\_\_\_\_

## PARASITOLOGY SUBMISSION FORM

**Essential Case Information:**

Owner name: \_\_\_\_\_

Animal Species:  Dog  Cat  Horse  Other \_\_\_\_\_

Date submitted: \_\_\_\_\_

Specimen Submitted: \_\_\_\_\_

**Referring Veterinarian:** \_\_\_\_\_

Clinic \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Report results by:**  Mail  Fax #: (     )

**Case History** (clinical signs, duration, location, response): \_\_\_\_\_

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**Perform the following test(s):**

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|---|---|---|
| <input type="checkbox"/> Sugar Flotation          | <input type="checkbox"/> Zinc sulfate flotation (giardia) | <input type="checkbox"/> Sedimentation                |
| <input type="checkbox"/> Direct Examination (wet) | <input type="checkbox"/> Skin scraping                    | <input type="checkbox"/> Quantitative Exam (McMaster) |
| <input type="checkbox"/> Organism Identification  | <input type="checkbox"/> Baermann                         | <input type="checkbox"/> Parasitologist's Discretion  |
| <input type="checkbox"/> Microfilariae            | <input type="checkbox"/> Other _____                      |   |

**Special Concerns** (requests, rule outs, procedures): \_\_\_\_\_

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