

IOWA STATE UNIVERSITY

Department of Veterinary Pathology

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For Office Use Only

PARASITOLOGY SUBMISSION FORM

Essential Case Information:

Owner name: _____
Animal name: _____
Species: Canine Feline Equine Other _____
Animal age: _____
Date Specimen collected/submitted: _____

Referring Veterinarian: _____
Clinic _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____

Report results by: Mail Fax #: ()

Case History (clinical signs, previous treatments)/Differential diagnoses/Specific parasite?:

Service(s) requested:

**Please refer to the Submission Guidelines table ([click here](#))*

Qualitative/Identification:

- | | | |
|---|--|--|
| <input type="checkbox"/> Fecal Flotation
(3-5 grams fresh feces) | <input type="checkbox"/> Giardia Antigen Test
(1-3 grams fresh feces) | <input type="checkbox"/> Direct Examination
(1-3 g fresh feces, do not refrigerate) |
| <input type="checkbox"/> Sedimentation
(3-5 grams fresh feces) | <input type="checkbox"/> Baermann
(10-15 g fresh feces, do not refrigerate) | <input type="checkbox"/> Organism Identification
(specimens: adult nematodes,
tapeworms, fleas, ticks, etc. submitted
in 70% ethanol) |

Quantitative:

- | | |
|--|--|
| <input type="checkbox"/> McMaster's- Horses, camelids,
small ruminants
(submit 5 grams, fresh feces) | <input type="checkbox"/> Modified Wisconsin-*Bovine
(submit 5 grams, fresh feces) |
|--|--|

Other:

- Parasitologist's Discretion (*must provide signalment/case history above*)