



THE DIAGNOSTIC PARASITOLOGY LABORATORY

Tel: +44 (0)20 7927 2427 www.parasite-referencelab.co.uk

ANIMAL SPECIMEN REFERRAL FORM

Species
of animal

Name(s)/
Group

ID no.

m/f

Name and address of referring veterinarian:

Name and address for reports (if different):

Name and address for invoices (if different):

ESSENTIAL INFORMATION

Telephone number for contact relating to this specimen:

Purchase order number:

Type of specimen:

Faeces ☐

Single kit ☐

Triple kit ☐

Other ☐

Please specify.....

Specimen date(s).....

Clinical details: Please state if high risk and nature of risk

Where appropriate, please indicate the supplementary tests you would like us to perform: (please note these tests will incur an additional charge)

Techlab II ELISA for *Entamoeba histolytica* adhesin ☐

ImmunocardSTAT for *Cryptosporidium*/Giardia ☐

Please return form and specimen by FREEPOST using packaging provided. Alternatively, please send by post/courier to the Diagnostic Parasitology Laboratory, Faculty of Infectious & Tropical Diseases, London School of Hygiene & Tropical Medicine, Keppel Street, London WC1E 7HT OR via Hays DX to HPA Malaria Reference Lab, DX 6641200, Tottenham Crt RD92WC