

Diagnostic Laboratories

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FLOTAC SUBMISSION FORM

(For faecal* worm egg counts)



DATE COLLECTED
DATE SENT

LAB No
DATE RECEIVED

SUBMITTING VET	OWNER'S NAME
PRACTICE NAME	ANIMAL'S NAME
ADDRESS	SPECIES
.....	BREED
.....	AGE
.....	SEX
POST CODE	DATE LAST WORMED
TEL No	WORMER USED
FAX No	

***NB: Minimum 10g faeces required**