LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

UKAS MEDICAL
9148

# THE DIAGNOSTIC PARASITOLOGY LABORATORY

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## 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