**ANIMAL SPECIMEN REFERRAL FORM**

<table>
<thead>
<tr>
<th>Species of animal</th>
<th>Name(s)/Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID no.</td>
<td>m/f</td>
</tr>
</tbody>
</table>

**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

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**THE DIAGNOSTIC PARASITOLOGY LABORATORY**

Tel: +44 (0)20 7927 2427. Fax: +44 (0)20 7637 0248. www.parasite-referencelab.co.uk

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LSHTM Diagnostic Parasitology Laboratory Animal Referral Form V1 CR 29/07/2021