

# Sample submission form



## TEST-A-PET

The Veterinary Parasitology  
Diagnostic Service

Contact name \_\_\_\_\_  
Company name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

Animal name \_\_\_\_\_  
Sample ref \_\_\_\_\_  
Previous ref \_\_\_\_\_  
Owner \_\_\_\_\_ Staff   
Species \_\_\_\_\_  
Breed \_\_\_\_\_  
Age \_\_\_\_\_  
Sex \_\_\_\_\_  
Date sample taken \_\_\_\_\_  
Nature of sample \_\_\_\_\_

### Premium Guarantee

Results will be reported before midday on the day they are ready - **guaranteed**

### Clinical history (particularly travel details where applicable)

### Site of recovery (for identification submissions)

### Details of location (for environmental submissions)

### Other relevant information (including circumstances where applicable)

### Test code(s)

**TEST-A-PET**  
**Veterinary Parasitology**  
School of Veterinary Science  
The University of Liverpool  
Liverpool  
L69 7ZJ

Telephone:  
**0151 794 1178** (Laboratory and general enquiries)  
**07970 247 376** (Clinical advice)  
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**0151 794 1519**  
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