



PARASITOLOGY DIAGNOSTIC TEST SUBMISSION FORM

Dirofilaria immitis

Helminthology Laboratory
Department of Veterinary Tropical Diseases
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Laboratory Number :

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REFERRING VETERINARIAN:

NB: All the information requested is required, to prevent delays in testing and the reporting of results according to Quality Assurance standards.

Title: Dr.	Initials:	Surname:	Practice Name:
Practice Postal Address:			Postal Code:
Tel:	Cell:	E-mail:	Sample Collection Date:
Fax:			Signature:
Is your business registered on the University of Pretoria's financial system? (If Yes, please complete the information below. If No, a debtor registration form will be forwarded by the laboratory)			Yes No
UP Customer Account No:		Trading as:	
Please Take Note: Diagnostic testing will not be performed unless your UP debtors account number is supplied			

OWNER AND ANIMAL DETAILS:

OWNER	ANIMAL Species: Canine (If other, please specify) Colour, Breed, Sex (Spayed /Neutered)	Name Microchip Number and Type	Age / Date of Birth dd/mm/yyyy

EXPORT TO: (Tick appropriate block)

New Zealand	Ghana	OTHER (Please specify destination)	Departure Date:
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Dirofilaria immitis DIAGNOSTIC TEST(S) REQUIRED:

Select the test(s) required by ticking the appropriate block(s)

Code	<i>Dirofilaria immitis</i> Diagnostic Tests	Tick	Code	<i>Dirofilaria immitis</i> Diagnostic Tests	Tick
H014	Microfilariae concentration (Membrane filtration)		H016	Identification of microfilariae (Acid Phosphatase Staining)	
H017	Antigen test for <i>Dirofilaria immitis</i> (DiroCHEK®)				

HANDLING OF TEST REPORT (Tick appropriate block)

ORIGINAL To be posted	ORIGINAL To be collected from Veterinary Faculty (Rooms 1-41 or 1-39 Poultry Building)	ORIGINAL To be collected from Onderstepoort Veterinary Institute Registration Office	FAX Test Report	E-MAIL Test Report
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