

Iowa State University

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For Office Use Only

Case number: _____

Pathologist(s): _____

PARASITOLOGY SUBMISSION FORM

Essential Case Information:

Owner name: _____

Animal Species: Dog Cat Horse Other _____

Date submitted: _____

Specimen Submitted: _____

Referring Veterinarian: _____

Clinic _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Report results by: Mail Fax #: ()

Case History (clinical signs, duration, location, response): _____

Perform the following test(s):

- Sugar Flotation
- Zinc sulfate flotation (giardia)
- Sedimentation
- Direct Examination (wet)
- Skin scraping
- Quantitative Exam (McMaster)
- Organism Identification
- Baermann
- Parasitologist's Discretion
- Microfilariae
- Other _____

Special Concerns (requests, rule outs, procedures): _____

