



OFFICE USE ONLY	
Accession #	_____
Rec'd	Assigned _____

350 Greene Hall Annex
Auburn University
Auburn University, AL 36849-5519
Ph: 334-844-2690

PARASITOLOGY

Contact: Jamie Butler
parasitology@auburn.edu

OWNER INFORMATION (ALL FIELDS REQUIRED)				CLINIC & BILLING INFORMATION: (ALL FIELDS REQUIRED)			
NAME				REFERRING VETERINARIAN:			
ADDRESS				CLINIC NAME			
CITY				ADDRESS			
STATE		ZIP CODE		CITY		STATE ZIP CODE	
COUNTY				LICENSE NO STATE			
ANIMAL NAME/ID				PHONE			
SPECIES		BREED		FAX			
SEX				RESULTS (check all that apply) (if different from above please list below)			
AGE MONTH YEAR (check one)				EMAIL FAX			
				ACCOUNTING (check all that apply) (if different from above please list below)			
				EMAIL FAX			

HISTORY: (Clinical signs, gross lesions, lab and imaging data. For lab data, please provide absolute values and units.)

SPECIMEN DETAILS

Specimen

Date Collected

Time Collected

SERVICE REQUESTED (Please refer to submission requirements listed on the following page)

<input type="checkbox"/>	Sheathers Fecal Flotation
<input type="checkbox"/>	Zinc Sulfate /I2 Flotation
<input type="checkbox"/>	Baermann Technique
<input type="checkbox"/>	Flotac Egg Count (Mini FLOTAC®)
<input type="checkbox"/>	Hookworm Egg Count
<input type="checkbox"/>	McMasters Egg Count
<input type="checkbox"/>	McMasters Egg Count (herd-6 or more samples)
<input type="checkbox"/>	Modified Wisconsin Egg Count
<input type="checkbox"/>	Sedimentation (Feces)

<input type="checkbox"/>	Flukefinder
<input type="checkbox"/>	Direct Smear (Blood)
<input type="checkbox"/>	Direct Smear (Feces)
<input type="checkbox"/>	Gross Parasite ID 1, 2, 3 (Determined by Lab)
<input type="checkbox"/>	Modified Knott's Test
<input type="checkbox"/>	Heartworm Antigen (Routine)
<input type="checkbox"/>	Heartworm Antigen (Confirmatory)
<input type="checkbox"/>	Heartworm Antigen (With Heat Treatment)
<input type="checkbox"/>	STAT Fee

LABORATORY USE ONLY

SUBMISSION FEES

SERVICE REQUESTED	SPECIMEN REQUIREMENTS	PURPOSE/LIMITATIONS	FEE
Sheathers Fecal Flotation	feces, 3-5g	routine fecal, recovers most parasites	\$14.00
Zinc Sulfate /I2 Flotation	feces, 3-5g	recovers <i>Giardia</i> spp.	\$16.00
Baermann Technique	fresh feces, 3-5g	recovers larvae only; DO NOT REFRIGERATE	\$17.00
Flotac Egg Count (Mini FLOTAC®)	feces, 3-5g	Egg count conducted with the Mini FLOTAC counting chamber. Sensitive to 5 eggs per gram	\$18.00
Hookworm Egg Count	feces, 3-5g	Centrifugal egg count for <i>Ancylostoma caninum</i> in dogs. Sensitive to 1 egg per gram	\$16.00
McMasters Egg Count	feces, 3-5g	sensitive to 50 eggs per gram	\$16.00
McMasters Egg Count (herd)	feces, 3-5g	discounted price for 6 or more samples from the same owner (herd)	\$14.00
Modified Wisconsin Egg Count	feces, 3-5g	requires 4 hours to run, sensitive to 1 egg per 3 g feces	\$20.00
Sedimentation (Feces)	feces, 3-5g	recovers heavy eggs (i.e. fluke eggs)	\$20.00
Flukefinder	feces, 3-5g	filter test for recovery of <i>Fasciola hepatica</i> (liver fluke)	\$18.00
Direct Smear (Blood)	blood, 0.5mL	recovers microfilaria and other parasites in the blood	\$9.00
Direct Smear (Feces)	fresh feces, 1g	recovers motile stages only; DO NOT REFRIGERATE	\$9.00
Gross Parasite ID	intact specimen	pricing determined by diagnostic procedures required for identification	#1 10.00 #2 16.00 #3 34.00
Modified Knott's Test	whole blood, 1mL	identification and/or count of microfilaria	\$18.00
Heartworm Antigen (Routine)	whole blood, serum, or plasma, 0.5mL	please call to check for test availability	\$18.00
Heartworm Antigen (Confirmatory)	whole blood, 3mL or plasma, 0.5 mL	well-based ELISA test used as confirmatory antigen test, spectrophotometric read out; tests are run as a batch once a week (usually Friday) ship Monday thru Thursday only; priority overnight with cold packs	\$40.00
Heartworm Antigen (with Heat Treatment)	whole blood, 5mL or plasma 1mL	well-based ELISA test with heat treatment similar to the confirmatory test, but this includes heat treatment to remove antibody blocking of antigen, tests are run as a batch once a week (usually Friday), ship Monday thru Thursday only; priority overnight with cold packs	\$80.00
STAT Fee (Fecal)		specimens submitted between 4:00 – 4:45 PM (same-day turnaround)	\$10.00
STAT Fee (Heartworm)		24-hour turnaround from receipt of specimen	\$25.00

SUBMISSION REQUIREMENTS

Please notify us at the time of submission if you are looking for a specific parasite.

Examination for *Giardia* spp., *Cryptosporidium* spp., and certain groups of parasites (i.e. lungworms) may include several diagnostic tests. If you are unsure of which test(s) to request, please contact the Parasitology Laboratory via phone at (334) 844-2690 or email (parasitology@auburn.edu).

Feces: Specimens should be submitted in a leak-proof container (i.e. screw-cap cup). Do not submit specimens in glass tubes or gloves. **Most specimens should be refrigerated if stored overnight. If looking for motile stages of a parasite (i.e. larvae or trophozoites), do not refrigerate.**

Gross Parasites: Specimens should be fixed in 10% formalin or 70% ethanol and submitted in a screw-cap leak-proof container.

Serum, plasma, and Whole Blood: Specimens should be submitted in an appropriate container or tube and should be refrigerated if stored overnight. **Specimens must be shipped priority overnight with frozen cold packs and must be received within one week of collection.**

All specimens (except fixed or suspect for live organisms) should be sent with cold packs via FedEx, UPS, or DHL overnight delivery. The Parasitology Laboratory is closed on weekends and University holidays.