

**DLAM | Pathology & Laboratory Medicine Services**  
 David Geffen School of Medicine at UCLA  
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**Clinical Diagnostic Lab- Parasitology Submission Form**

Submission Date:

Submitter:

Principal Investigator:

ARC Protocol:

Billable  Mark if Yes  Recharge

Species

- Clinical
- Educational
- Quarantine
- Rederivation
- Research
- Sentinel
- Surveillance
- Other Reason for Submission: \_\_\_\_\_

Pooled Sample Number of Animals/ Rodent Cages for Sample \_\_\_\_\_

Animal ID:	<input type="text"/>	Animal ID:	<input type="text"/>
Animal ID:	<input type="text"/>	Animal ID:	<input type="text"/>
Animal ID:	<input type="text"/>	Animal ID:	<input type="text"/>
Animal ID:	<input type="text"/>	Animal ID:	<input type="text"/>
Animal ID:	<input type="text"/>	Animal ID:	<input type="text"/>

**Parasitology / Fungal Test**

Test	Location of Collection/ Sample Source
<input type="checkbox"/> Fecal Sedimentation	<input type="text"/>
<input type="checkbox"/> Fecal Direct Smear	<input type="text"/>
<input type="checkbox"/> Cellophane Tape Test	<input type="text"/>
<input type="checkbox"/> Gross Specimen	<input type="text"/>
<input type="checkbox"/> DTM (dermatophyte test media)	<input type="text"/>
<input type="checkbox"/> Fecal Culture 1 w/ <i>Campylobacter</i> - (IDEXX 4022)	<input type="text"/>
<input type="checkbox"/> Heartworm Panel (ELISA)- (IDEXX 271)	<input type="text"/>
<input type="checkbox"/> Fur Mite PCR Test- (RADIL)	<input type="text"/>
<input type="checkbox"/> Other: (Please specify, describe in detail)	<input type="text"/>

Processed By (Include Date):

Findings/Notes for Report: