ACCOUNT # _____

CLIENT NAME/PRACTICE _____

IDEXX LABORATORIES

Batch Fecal Ova and Parasites by Zinc Sulfate Centrifugation (3 or more)
Test Code 5010

LAB USE ONLY

DATE SUBMITTED _____

TOTAL # OF SAMPLES _____

LAB USE ONLY DO NOT WRITE HERE			CLIENT'S LAST NAME	PET'S FIRST NAME	SEX	AGE	SPECIES
ANIMAL # OR ACCESSION	SAMPLE TYPE 3-5 g fresh feces in a sterile container or formalin for each specimen						
		01					
		02					
		03					
		04					
		05					
		06					
		07					
		08					
		09					
		10					
		11					
		12					
		13					
		14					
		15					

LABORATORY SERVICES 888-433-9987

TECH _____

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FORM 2081-BFOP Rev. 02/06