

SOUND DIAGNOSTICS, INC.

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Fax (425) 482-9292

RODENT PARASITOLOGY

Requestor's Name: _____

Date: _____

Entity Name & Address:

Billing Address (if different):

Phone: _____

P.O. No. (if applicable): _____

Fax: _____

E-Mail: _____

Species: _____ Strain: _____ Age: _____ Sex: _____

Owner: _____

Number of samples: _____

Identification of samples: _____

Provide results by: Fax _____ Phone _____ E-Mail _____ (Results will also be mailed)

Tests: Pelage tape test _____ Anal tape test _____ Fecal flotation _____
(check)

Comments:

Date received: _____ Lab No.: _____