

New England Horse Labs

7 Lenora Street
Worcester, MA 01607
(800) 392-5587
www.nehorselabs.com

Fecal Submission Form

Test type requested: (qualitative is the default test)

Qualitative **Quantitative (McMaster's)**

Hospital: _____ Dr. _____

FAX #: _____ E-mail: _____

Species: _____ Breed: _____ Age: _____ Sex: _____

Animal's name: _____ Owner's name: _____

Date of collection: _____ Time of collection: _____

Relevant History: _____

Lab Use Only:

_____ Date tested: _____ Tech: _____

Qualitative results

No parasites or ova seen

ID: _____

Amount: light moderate heavy

ID: _____

Amount: light moderate heavy

Quantitative results

No parasites or ova seen

ID: _____

Amount: _____ ova / gram

ID: _____

Amount: _____ ova / gram

New England Horse Labs

7 Lenora Street
Worcester, MA 01607
(800) 392-5587
www.nehorselabs.com

Fecal Submission Form

Test type requested: (qualitative is the default test)

Qualitative **Quantitative (McMaster's)**

Hospital: _____ Dr. _____

FAX #: _____ E-mail: _____

Species: _____ Breed: _____ Age: _____ Sex: _____

Animal's name: _____ Owner's name: _____

Date of collection: _____ Time of collection: _____

Relevant History: _____

Lab Use Only:

_____ Date tested: _____ Tech: _____

Qualitative results

No parasites or ova seen

ID: _____

Amount: light moderate heavy

ID: _____

Amount: light moderate heavy

Quantitative results

No parasites or ova seen

ID: _____

Amount: _____ ova / gram

ID: _____

Amount: _____ ova / gram