

Swine Parasite Evaluation Form

PEC Mail In

Page ____ of ____

Collection Date: _____ Tested: _____
 Corporate Name: _____
 Name of Farm: _____
 Producer's Address: _____
 City: _____ Phone: _____
 State: _____ Zip: _____ Fax: _____
 E-Mail: _____

Consultant: Dr. Don Bliss Representative: _____
 Sponsor: Dr Sarah Spencer
 Sponsor Contact: _____
 Sponsor Address: 209 Bobbin Mill Rd
 City: Warren Phone: 802.505.9639
 State: VT Zip: 5674 Fax: _____
 E-Mail madrivervet@gmail.com

Lab ID No.	Animal ID/ Pen # (Please number sample bags in order listed on form) <i>eg. Tag # or Group</i>	Management*	Large Roundworm	Whipworm	Nodular Worm	Threadworm	Coccidia*	Total Count** (EP3G)	Treatment Date month/day/year	Product Used
Enter after test results recorded										

COMMENTS:
 Additional E-mail: _____

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For additional information and submission forms, visit: www.midamericaagresearch.net

The total egg count is reported here for each sample and the incidence level of specific parasite genera is recorded as low(+), medium(++) or high(+++).

***(+ = 1-10) (++ = 11-50) (+++ =>51)**

*Not reported in total egg count