Parasite Reduction Testing Submission Form (FECRT/FPCRT)

Animal Health Diagnostic Center

College of Veterinary Medicine, Cornell University
In Partnership with the NYS Dept of Ag & Markets

US Postal Service Address:
PO Box 5786
Ithaca, NY 14852-5786

FEDEX/UPS Address:
240 Farrier Rd
Ithaca, NY 14853

AHDC Contacts
Phone: 607-253-3900
Fax: 607-253-3943
Web: ahdc.vet.cornell.edu
E-mail: diagcenter@cornell.edu

LAB USE ONLY

AHDC Accession No./Date

PLEASE COMPLETE ALL FIELDS, PRINT LEGIBLY, AND ENTER ONLY ONE ORIGINAL ACCESSION PER FORM

Original Accession No. _____ *Required*

Clinic AHDC Acct. No. _____

Clinic Name _____

Submitting Veterinarian _____

Owner _____

Date Dewormed _____ *Required*

Deworming Product Used _____ *Required*

Follow-up Collection Date _____ *Required*

ANIMAL IDENTIFICATION

SEX CODES: M=Male, MR=Mare (equine only), MC=Castrated Male, F=Female, SF=Spayed Female AGE CODES: Y=Years, M=Months, W=Weeks, D=Days; DOB=Date of Birth

	Name/Identifier No. (Must match original accession ID)	**SPECIES**	**BREED**	**SEX**	**AGE**	**Target Parasite**
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

AHDC USE ONLY

☐ FEDEX ☐ MAIL DATE REC'D _____ ☐ FROZEN ☐ DRY ICE
☐ FEDEX-GRND ☐ PRI MAIL TIME REC'D _____ ☐ RM TEMP ☐ COLD PACK
☐ UPS-GRND ☐ EXP MAIL DATE SHIPPED _____ ☐ COOL ☐ NONE
☐ UPS-ND ☐ OTHER _____ ☐ COLD ☐ COMMENT _____