



Poultry Parasite Evaluation Form

PEC Mail In

Page__ of__

Collection Date _____ Tested: _____

Consultant Dr. Don Bliss Representative _____

Corporate Name _____

Sponsor _____

Name of Farm _____

Sponsor Contact _____

Producer's Address _____

Sponsor Address _____

City _____ Phone _____

City _____ Phone _____

State _____ Zip _____ Fax _____

State _____ Zip _____ Fax _____

E-Mail: _____

E-Mail: _____

Lab ID No.	Animal ID/ Pen # (Please number sample bags in order listed on form)		Management*	Ascaridia	Heterakis	Capillaria	Syngamus	Coccidia*	Other	Total Count** (EPG)	Treatment Date month/day/year	Product Used
	eg. Name or group	Bag #									Enter after test results recorded	

COMMENTS:
 Additional E-Mail: _____

Donald H. Bliss, Ph.D.
MidAmerica Ag. Research
3705 Sequoia Trail
Verona, WI 53593
 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