Swine Parasite Evaluation Form

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Collectio	on Date:	-	Consult	ant:	Dr. Don	Bliss	Representative:	•				
Corporate Name:						Sponsor:						
Name of Farm:						Sponsor Contact:						
Producer's Address:						Sponsor Address:						
City:	City: Phone:				<u>-</u>	City:				Phone:		
State: Zip: Fax:							State: Zip:			o:Fax:		
E-Mail:						E-Mail			-	_		
Lab ID No.	(Please number sample bags in ord	Animal ID/ Pen # lease number sample bags in order listed on form) Tag # or Group Bag #			Whipworm	Nodular Worm	^{Threadworn}	Coccidia*	Total Count** (EP3G)	Treatment Date month/day/year	Product Used	
	eg. Tag # or Group				Ž	×				Enter after tes	st results recorded	
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COMMENTS: Donald I Additional E-mail: MidAmeric 3705 S					ca Ag		arch		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(+++).			
					Verona, WI 53593					*(+ = 1-10) (++ = 11-50) (+++ =>51) *Not reported in total egg count		