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**OMB Approved**  
0579-0090  
Exp.: XX/XXXX

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES

## PARASITE SUBMISSION FORM

NATIONAL VETERINARY SERVICES LABORATORIES  
1920 Dayton Avenue  
Ames, IA 50010  
Telephone: 515-337-7514

INSTRUCTIONS: Print in pencil or type. Prepare separate form for each species of animal. Form to accompany specimen. Package specimens well to prevent breakage en route.

1. Submitter's Name		2. NVSL Submitter ID	17. Specimen ID	18. Date Collected
3. Business' Name			19. County in which Collected	20. State in which Collected
4. Address			21. Country in which Collected	22. Premises ID
5. City	6. State	7. ZIP Code	23. Latitude	24. Longitude
8. Telephone Number (Include Area Code)		9. FAX Number	25. Host Origin	
10. Email			26. Host Species (cow, horse, sheep, dog, etc.)	
11. Owner's Name			27. Where Found on Host (head, ear, flank, back, etc.)	
12. City	13. State	14. ZIP Code	28. Animal ID	
15. Collector's Name		16. Port	29. Number of Animals in Lot	30. Number of Animals Infested
31. History or Additional Information				

### FOR FIELD LABORATORY USE ONLY (Optional)

32. Date Received	33. Date Identified	34. Referral Number
35. Tentative Identification		

Identified by:

### FOR NATIONAL VETERINARY SERVICES LABORATORIES USE ONLY

36. Case Number	37. Sample Number	38. Date Received
39. NVSL Identification		

40. NVSL Accession Number

Identified By:

Date

**GUIDELINES AND EXPLANATORY DETAILS FOR VS FORM 5-38: PARASITE SUBMISSION FORM  
USDA, APHIS, VS, NATIONAL VETERINARY SERVICES LABORATORIES, AMES IA**

**INSTRUCTIONS: Print in pencil or type. Form must accompany specimen. Package specimens to prevent leakage en route.** Despite best efforts, specimen vials may break or leak alcohol in transit; when that happens, accompanying forms that were completed in ink may become illegible.

**1-10. Submitter Information:** If the submitter has an ID assigned previously by NVSL, give the name of the submitter and that ID. For new submitters, or if the ID is not known, please also give the name of the business, mailing address, email address, and telephone and FAX numbers, to whom the identification report will be sent. Specify if there is a preferred method of report delivery; email will be used if no preference is stated. If FAX or email is not available, test reports can be mailed but this will delay delivery of your results. Repeat submitters are encouraged to be consistent with the submitter contact information that they provide, as the NVSL keeps a master record. If the test report for an individual submission needs to be routed to a non-standard destination, include special instructions in Block 31 (History or additional information).

**11-14. Owner Information:** Give the name, city, State, and ZIP Code of the owner of the host animal.

**15. Collector's Name:** For multiple collectors, additional names may be given in History or additional information (Field 31).

**16. Port:** Enter the port of entry, if applicable.

**17. Specimen ID:** The collector may indicate an identifier for a sample, usually denoting samples taken in series (1, 2, 3, etc.). Please also put that number or other identifier on or in the associated sample container. Also, see instructions for Referral Number (Field 34).

**18. Date Collected:** Enter the calendar date on which the sample was collected from the host animal.

**19-21. County, State, and Country in which specimens were collected:** Specify country only for non-USA collection locales.

**22-24. Premises ID, Latitude, and Longitude:** Give the Premises ID and/or geographical coordinates (if known). List coordinates as decimal degrees when possible (e.g., N27.087821 and W92.021484).

**25. Host Origin:** Indicate the county, State, and country (if not the USA) of origin of the host animal.

**26. Host Species (Cow, horse, sheep, dog, etc.):** State the host species from which the parasites were collected. Give only one species, be as specific as possible, and avoid generic terms like "equine", "avian", "reptile", "canine", "feline", etc. Use a separate parasite submission form for each host species. If using "deer", list the kind of deer (white-tailed, mule, etc.). For convenience, names used as examples may be encircled or underlined.

**27. Where Found on Host (head, ear, flank, back, etc.):** Indicate one or more anatomical sites where the specimen(s) was/were found. Names used as examples may be encircled or underlined.

**28. Animal ID:** Give ear/back tag numbers, animal name, or other information that identifies the host animal.

**29. Number of Animals in Lot:** Give a count or estimate of the number of individual animals in the group from which the collection was made.

**30. Number of Animals Infested:** Give a count or estimate of the number of individual animals in the lot that were infested with parasites; this count will be less than or equal to the number in the lot.

**31. History or Additional Information:** This field is open-ended, and may be used to include any additional information pertinent to the collection (e.g., locale, history, quarantine status, additional collectors, etc.), observations on host animal's condition, or additional details. This field also may be used for notes or requests to NVSL.

**Fields 32-35 are for tentative identifications made at a field laboratory.**

**34. Referral number:** Give submitter's unique identification number assigned to the sample (e.g., foreign animal disease [FAD] investigation number).

**Fields 36-40 are for NVSL use only.**