

Quality Assurance Parasite Testing Report

Testing Cycle: __March 2014_____

Facility: __Animal Dairy Science_____

Room/s: _____140_____

Sentinel Arrival Date: __3December2013_____

Date of Sampling: _4March2014_____

Sentinel ID (room and rack)	Ectoparasite (pelt)	Endoparasite (tape)	Endoparasite (cecum/proximal colon)
ADS	NEG	NEG	NEG

Date fecal samples submitted to GLADS for float or pinworm PCR: __4March2014__

Comments, Results of further diagnostic testing: _____

Technician/s: ____Elizabeth Stich RVT_____