

Quality Assurance Parasite Testing Report

Testing Cycle: __Sept 2014_____

Facility: __Animal Dairy Science_____

Room/s: _____140_____

Sentinel Arrival Date: __June2014_____

Date of Sampling: __September2014_____

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: __26Aug2014__

Comments, Results of further diagnostic testing: _____

Technician/s: __Elizabeth Stich RVT_____