



DPIRD Diagnostics and Laboratory Services (DDLS) Screw Worm Fly Investigation Submission Form

DPIRD office use only

Barcode

Case Manager

Case Number

Submission details				DPIRD Laboratory extra information			
Your reference		Date sent					
Submitted by							
Name							
Practice name/district office							
Postal address							
Shire Town/Suburb		State		Postcode			
Landline		Mobile					
Email							
Date collected		Number of containers					
Fill in this section only if submitting samples from a suspected screw worm fly strike (i.e., not from a trap)							
Species affected		Breed					
Number of struck animals		Total number in mob/herd					
Age	Sex	Is the mob in transit? (If yes, what is the origin?)					
Date fly strike first suspected							
Details of each struck animal (ID, sex, age, breed)		Location of wound		Wound observation (sight and smell)			
Predisposing factors for suspect strike wound:							
<input type="checkbox"/> Surgical wound <input type="checkbox"/> Dehorning wound <input type="checkbox"/> Stake wound <input type="checkbox"/> Body orifice strike <input type="checkbox"/> Fight wounds							
<input type="checkbox"/> Biting fly wounds <input type="checkbox"/> Tick infestation <input type="checkbox"/> Skin irritation <input type="checkbox"/> Predation <input type="checkbox"/> Unknown							
SWFSPP Trap Location				Test(s) requested			
<input type="checkbox"/> WYN				<input type="checkbox"/> Entomology			
<input type="checkbox"/> KUN				<input type="checkbox"/> SWFSPP testing protocol			
<input type="checkbox"/> BRO							
<input type="checkbox"/> GER							
<input type="checkbox"/> FRE							



Accreditation number: 13724 – Testing
Accreditation for compliance with ISO/IEC 17025
Results from the testing may be contributed to DPIRD State and Commonwealth databases.