



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.