

## National Center for Veterinary Parasitology Research Resource Request Form

The NCVP can provide a limited amount of parasite material to support research efforts in veterinary parasitology on a fee-for-service basis. **Research specimens will only be provided to faculty members at accredited institutions actively engaged in institutionally-approved research.** Provided import regulations allow, material may also be sent to veterinary parasitology research institutions outside of the United States.

Charges will be negotiated and established prior to scheduling projects. To inquire about research resources, please complete the form below and email to [ncvp@okstate.edu](mailto:ncvp@okstate.edu). You will receive a return email within one week describing our ability to meet the request and approximate shipment date.

### Person requesting specimens

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_ (Street)

\_\_\_\_\_ (City, State, Zip)

Phone number: \_\_\_\_\_

Preferred Courier:  USPS  FedEx  UPS

Account number to be billed: \_\_\_\_\_

### Person responsible for payment

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_ (Street)

\_\_\_\_\_ (City, State, Zip)

Phone number: \_\_\_\_\_

Account # to be billed: \_\_\_\_\_

Target date for receipt of materials: \_\_\_\_\_

**1. Fresh clinical material**

A limited supply of fresh material is available to allow teaching of key organisms which do not preserve well. Please submit your request well in advance, **noting date needed on the request form below.**

- |  | <b>Amount (mL or grams)</b> |
|--|-----------------------------|
| <input type="checkbox"/> <i>Dirofilaria immitis</i> microfilaremic whole blood                               | _____                       |
| <input type="checkbox"/> Serum or whole blood antigen positive for <i>D. immitis</i>                         | _____                       |
| <input type="checkbox"/> Serum or whole blood antibody positive for <i>Ehrlichia</i> spp.                    | _____                       |
| <input type="checkbox"/> Whole blood PCR positive for <i>Ehrlichia</i> sp. (please specify)                  | _____                       |
| <input type="checkbox"/> Whole blood PCR positive for <i>Hepatozoon</i> sp. (please specify)                 | _____                       |
| <input type="checkbox"/> Whole blood PCR positive for <i>Babesia</i> sp. (please specify)                    | _____                       |
| <input type="checkbox"/> Serum or whole blood from cats with <i>Cytauxzoon felis</i>                         | _____                       |
| <input type="checkbox"/> Canine feces with hookworm ova  | _____                       |
| <input type="checkbox"/> Equine feces with strongyle larvae  | _____                       |
| <input type="checkbox"/> Ruminant (cattle) feces with trichostrongyle larvae and <i>Eimeria</i> spp. oocysts | _____                       |
| <input type="checkbox"/> Other clinical material (please describe below)                                     | _____                       |

\_\_\_\_\_  
\_\_\_\_\_

Date requested for material to arrive: \_\_\_\_\_ (DD/MM/YYYY)  
(please select only Tuesday, Wednesday, or Thursday arrivals)

**2. Fixed clinical material**

Fixed fecal material is also available for use in teaching. Feces is shipped in specimen containers and must be floated prior to demonstration of organisms to students.

- |  | <b>Amount (grams)</b> |
|--|-----------------------|
| <input type="checkbox"/> Feces with oocysts of <i>Cystoisospora</i> spp. | _____                 |
| <input type="checkbox"/> Feces with cysts of <i>Giardia</i> sp.          | _____                 |
| <input type="checkbox"/> Feces with antigen to <i>Giardia</i> sp.        | _____                 |
| <input type="checkbox"/> Composite small animal parasite fecal sample    | _____                 |
| <input type="checkbox"/> Composite large animal parasite fecal sample    | _____                 |
| <input type="checkbox"/> Other fixed material (please describe below)    | _____                 |

\_\_\_\_\_  
\_\_\_\_\_

Date requested for material to arrive: \_\_\_\_\_ (DD/MM/YYYY)  
(please select only Tuesday, Wednesday, or Thursday arrivals)