



MIC Animal Services Ltd.

Unit 5 Potkins Lane
Orford
Suffolk
IP12 2SS
01394 647674
info@mic-as.com
www.mic-as.com

Faecal Egg Count Submission Form

Name: _____

Address: _____

Postcode: _____

Email: _____

Contact Number: _____

Mobile Number: _____

How would you like to receive your results? _____

Please label all samples with the animal's tag number/ Name, so we can distinguish each sample. Please send all samples and information form to the address at the bottom of the next page. Please ensure that no samples arrive on a weekend as they may be damaged by sitting out in the varying temperatures, affecting the results.

Please circle the tests required:

STANDARD FEC

LIVER FLUKE

LUNG WORM

ALL WORM



PLEASE TICK THE BOX if you agree for us to collect and store your data for a term that allows us to carry out our services. All data is strictly confidential and is not shared with a third party without prior consent. This does not affect your data protection rights if you would like a full copy of our privacy policy, please contact us directly at MIC Animal Services Ltd, 01394 647674 or alternately email us at: info@mic-as.com



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Name/ Tag No.	Date of Collection	Age	Date and name of last wormer used

Please cut this label out and stick to your parcel.



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BIOLOGICAL SUBSTANCE
CATEGORY B

Monday – Friday
9.00 – 17.00

