

**CVM Veterinary Medical Diagnostic Laboratory Equine Submission Form**

1-800-UMC-VMDL 800-862-8635 Fax 573-882-1411

**Courier Address**

[www.vmdl.missouri.edu](http://www.vmdl.missouri.edu)

**US Mail Address**

VMDL, 810 E. Campus Loop, Columbia, MO 65211

VMDL, PO Box 6023, Columbia, MO 65205

Acct No \_\_\_\_\_  Email \_\_\_\_\_

Date Sample Taken \_\_\_\_\_ Date Sent \_\_\_\_\_

Phone \_\_\_\_\_  Fax \_\_\_\_\_

Owner \_\_\_\_\_

Veterinarian \_\_\_\_\_

Address \_\_\_\_\_

Clinic \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Bill Owner \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Animal Name/ID \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

No. in Group \_\_\_\_\_ Sick \_\_\_\_\_ Dead \_\_\_\_\_ Raised on Premises? \_\_\_\_\_ If purchased, when? \_\_\_\_\_ New introductions? \_\_\_\_\_

Date Introduced \_\_\_\_\_ Date noticed sick \_\_\_\_\_ Euthanized? \_\_\_\_\_ Method? \_\_\_\_\_ Time/ Date of Death \_\_\_\_\_

**Presenting complaint/Systems of interest: Choose as many as apply**

- Normal
- Abortion/Repro Failure
- Edema
- Respiratory
- Production/Performance decline
- Fever
- Endocrine
- Ocular
- Anorexia
- Hematological/Hemorrhage
- Neurological
- Sudden Death
- Neoplasia/Mass
- Dermatological
- Hepatic
- Urinary/urogenital
- Chronic weight loss
- Erosion/Vesicular
- GI/Diarrhea
- Musculoskeletal/lameness
- Cardiac
- Other \_\_\_\_\_

**Clinical/Differential Diagnosis:** \_\_\_\_\_ **Additional History** \_\_\_\_\_

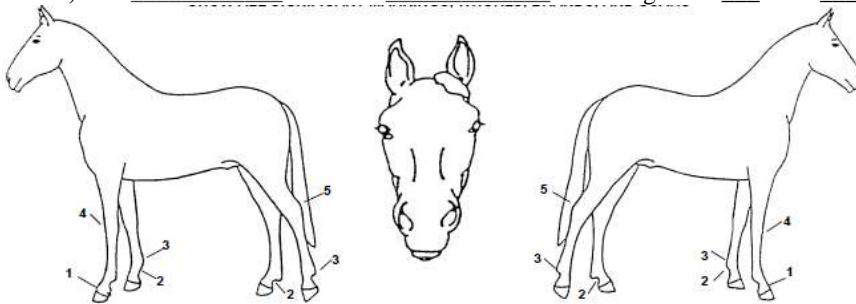
- Necropsy Exam
- Necropsy+Histopathology
- Necropsy+Histo with Laboratory Tests
- Abortion Panel
- Biopsy
- Toxicology (additional fees)
- Mail-In Necropsy with Lab Tests **\*\*There may be an additional fee for MULTISYSTEMIC (enteric AND respiratory) examinations of mail-in and necropsy specimens.**

**If skin biopsy, (circle all applicable)** erythema, pruritus, macules, papules, pustules, ulceration, crusts, hyperkeratosis, scales, alopecia, lichenification, hyperpigmentation, depigmentation, excoriation, **other** \_\_\_\_\_

\*Duration \_\_\_\_\_ \*Margins inked/Tagged? \_\_\_\_\_ \*Treatment \_\_\_\_\_

When started/how long? \_\_\_\_\_ Response to therapy?  yes  no  partially

**If tumor, Size** \_\_\_\_\_ **Duration** \_\_\_\_\_ **Rate of growth**  slow  fast **Recurrence**  yes  no



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

**Circle lesions  
Mark "X" for  
biopsy locations**

- Sample Type
- Tissue, Fresh
  - Blood
  - Tissue, Fixed
  - Serum
  - Feces
  - Urine
  - Other \_\_\_\_\_

**Cytologic Exam**—Label slides with animal ID & site

Pertinent clinical information \_\_\_\_\_

**Cytology -- list site(s)** \_\_\_\_\_

Circle Collection Method: Washes Aspirates Imprints Brushes Scrapings Other \_\_\_\_\_

**Multiple Lymph Node Cytology (2-4 Lymph Nodes) – list site(s)** \_\_\_\_\_

**Fluid Analysis, including Cytology – Send Fluid in an EDTA tube along with slides**

Circle fluid type: Pleural Peritoneal Synovial Pericardial

**CSF Analysis** – Call for instructions

**Bronchoalveolar Lavage -- Send Fluid in an EDTA tube along with slides**

**Bacteriology**  Feces  Swab from \_\_\_\_\_  Tissue from \_\_\_\_\_  Urine:  Cystocentesis  Free Catch  Other \_\_\_\_\_

**Aerobic bacterial culture with up to 3 susceptibilities (fixed price and MUST select before tests run)**

Aerobic culture  Anaerobic culture  Antimicrobial susceptibility  Blood culture  Abortion Screen  Fungal culture

Treated with antibiotics recently? Y/N Antibiotic used, when, and last dose \_\_\_\_\_  Other \_\_\_\_\_

**Lab use only**  Cold Pac  Frozen  None  Room Temp.

**Sample Condition**  Broken  Leaked  Other \_\_\_\_\_

All tests not listed. Call the VMDL 1-800-862-8635, or refer to [www.vmdl.missouri.edu](http://www.vmdl.missouri.edu) for more information.

**Toxicology**  Feed  Blood  Serum  Fresh Tissue/Stomach contents  Other \_\_\_\_\_  Consult Toxicologist  
 Lead  Mycotoxin Screen  Ergot Alkaloids in feedstuffs  Ergot/Fescue Alkaloids in feedstuffs  Fumonisin B1 in feedstuffs (quantitative)  Ionophore screen  Chemical Analysis of Stomach Contents  Other \_\_\_\_\_

**Rabies testing:**  Brain only  Entire body with brain removal and carcass disposal [send out]

**Panels**

**Equine Enteric :** *Salmonella*, *Lawsonia*, Potomac Horse Fever (EDTA blood and feces)  PCR  
**Equine Enteric: plus** *Clostridium difficile* toxin A&B ELISA and *Clostridium perfringens* ELISA (call for instruction)   
**Equine Neurologic :** Herpesvirus and West Nile Virus (EDTA blood, brain tissue, nasal swab for EHV)  PCR

**Serology 1 ml serum, redtop or separator tube - PCR/Virology EDTA whole blood, CNS fluid, swabs, tissues, feces or as noted**

Aspergillus	<input type="checkbox"/> AGID	<i>Leptospira</i>	<input type="checkbox"/> MA (6 serovars) <input type="checkbox"/> PCR
Equine Herpesvirus	<input type="checkbox"/> SN <input type="checkbox"/> EHV 1&4 PCR	Potomac Horse Fever	<input type="checkbox"/> PCR (Feces & EDTA blood)
Equine Infectious Anemia (EIA)	<input type="checkbox"/> ELISA or AGID	Rotavirus A	<input type="checkbox"/> PCR
Equine Viral Arteritis	<input type="checkbox"/> ELISA <input type="checkbox"/> SN	<i>Salmonella</i>	<input type="checkbox"/> PCR
Histoplasmosis	<input type="checkbox"/> AGID	West Nile IgM (equine only)	<input type="checkbox"/> ELISA
Influenza A	<input type="checkbox"/> PCR	West Nile	<input type="checkbox"/> PCR

**Other** \_\_\_\_\_

**Clinical Pathology** Must Provide **Date Sample Taken** \_\_\_\_\_

<p><b>Chemistry</b> – centrifuge and remove serum/plasma into a separate tube                  Specimen type:  <input type="checkbox"/> Serum <input type="checkbox"/> Plasma <input type="checkbox"/> Urine  <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> MAXI Profile  <input type="checkbox"/> MINI Profile  <input type="checkbox"/> RENAL Profile  <input type="checkbox"/> LIVER Profile  <input type="checkbox"/> Bile Acid Single  <input type="checkbox"/> Foal IgG  <input type="checkbox"/> Urine Protein/Creatinine Ratio  <input type="checkbox"/> Other _____</p>	<p><b>Hematology</b>  <input type="checkbox"/> CBC - Submit EDTA tube &amp; smears (includes fibrinogen)  <input type="checkbox"/> Fibrinogen  <input type="checkbox"/> Smear Exam for _____  <input type="checkbox"/> Other _____</p> <p><b>Endocrinology</b>  <input type="checkbox"/> Progesterone(1 mL serum)  <input type="checkbox"/> Endogenous ACTH (1 mL EDTA Plasma)</p>	<p><b>Urinalysis (For Courier/ Local Samples Only)</b>  <input type="checkbox"/> Voided <input type="checkbox"/> Cystocentesis  <input type="checkbox"/> Catheter <input type="checkbox"/> Off Floor  <input type="checkbox"/> Complete UA  <input type="checkbox"/> UA w/o Sediment Exam  <input type="checkbox"/> Other (specify) _____</p> <p><b>Fecal Examination</b>  <input type="checkbox"/> Flotation  <input type="checkbox"/> Fecal Occult Blood  <input type="checkbox"/> Baermann                  Other (specify) _____</p>
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Important reminders:

\*Please, label all specimens with the tissues present.

\*BIOPSY: Tissues should be fixed for 24 hours in a formalin solution of 10:1 tissue volume and then transferred to a smaller container with formalin for shipping.

\*Fresh/Fixed: Please, place the fresh tissues in a separate, sealable container to prevent formalin fumes from affecting culture results

\*PCR tissues: fresh in whorl packs, EDTA(purple top), whole blood (red top), CNS fluid, swabs, or as noted

Clients submitting specimens are considered to have agreed to VMDL testing procedures, policies and fees (view at: <http://www.vmdl.missouri.edu/>). Specimens become the property of the VMDL.