

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

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 _____
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** _____

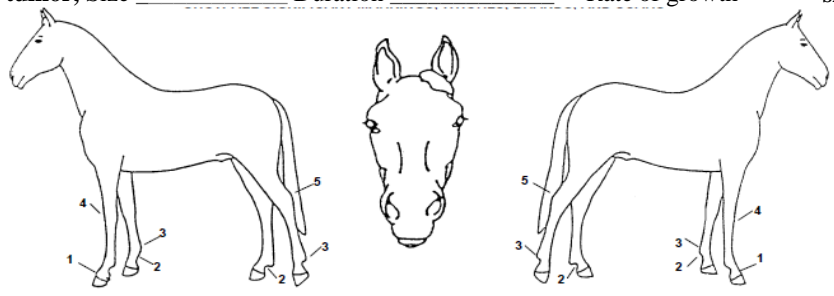
Necropsy Exam **Necropsy+Histopathology** **Necropsy+Histo with Laboratory Tests** **Abortion Panel**
Biopsy **Toxicology (additional fees)** **Mail-In Necropsy with Lab Tests** ***There may be an additional fee for*

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 - Hoof

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

Other _____

Clinical Pathology Must Provide Date Sample Taken _____

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

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