**MULOGOBw.tif 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**□ 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**



Sample Type

□ Tissue, Fresh □ Blood

□ Tissue, Fixed □ Serum

□ Feces □ Urine Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle lesions**

**Mark “X” for**

**biopsy locations**

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

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

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

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

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

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□ **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 □ AGID

Equine Herpesvirus □ SN □ EHV 1&4 PCR

Equine Infectious Anemia (EIA) □ ELISA or AGID

Equine Viral Arteritis □ ELISA □ SN

Histoplasmosis □ AGID

Influenza A □ PCR

*Leptospira* □ MA (6 serovars) □ PCR

Potomac Horse Fever □ PCR (Feces & EDTA blood)

Rotavirus A □ PCR

*Salmonella* □ PCR

West Nile IgM (equine only) □ ELISA

West Nile □ PCR

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

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

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

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 is 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.