

**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, 901 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 \_\_\_\_\_

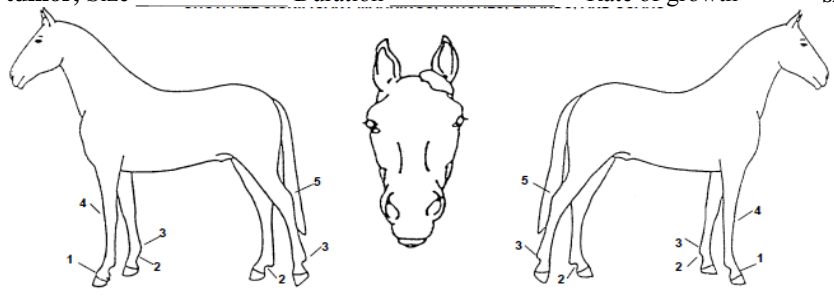
Animal Name/ID \_\_\_\_\_ Species \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_  
No. in Group \_\_\_\_\_ Sick \_\_\_\_\_ Dead \_\_\_\_\_ Raised on Premises? \_\_\_\_\_ If purchased, when? \_\_\_\_\_ New introductions? \_\_\_\_\_  
Date Introduced \_\_\_\_\_ Date noticed 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** \_\_\_\_\_

**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	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><b>Chemistry</b> – 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><b>Hematology</b>                  CBC - Submit EDTA tube &amp; smears (includes fibrinogen)                  Fibrinogen                  Smear Exam for _____                  Other _____</p> <p><b>Endocrinology</b>                  Progesterone(1 mL serum)                  Endogenous ACTH (1 mL EDTA Plasma)</p>	<p><b>Urinalysis (For Courier/ Local Samples Only)</b>                  Voided Cystocentesis                  Catheter Off Floor                  Complete UA                  UA w/o Sediment Exam                  Other (specify) _____</p> <p><b>Fecal Examination</b>                  Flotation                  Fecal Occult Blood                  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