

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, 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** _____

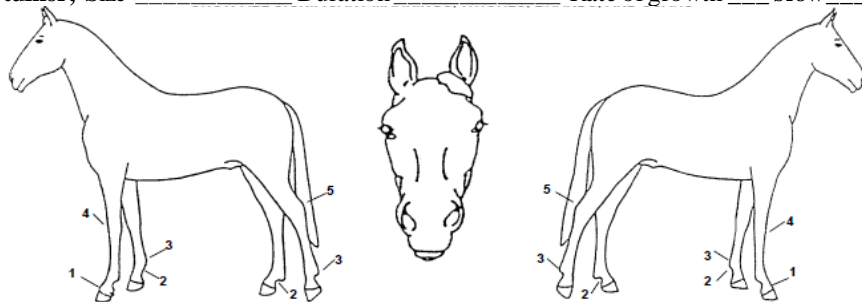
- Necropsy Exam Necropsy+Histopathology Necropsy+Histo with Laboratory Tests Abortion Panel
- Biopsy Toxicology (additional fees) Mail-In Necropsy with Lab Tests ***There may be an additional fee for MULTISYSTEMIC (enteric AND respiratory) examinations of mail-in and necropsy specimens.*

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 S wab 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	<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>Chemistry – 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>Hematology <input type="checkbox"/> CBC - Submit EDTA tube & smears (includes fibrinogen) <input type="checkbox"/> Fibrinogen <input type="checkbox"/> Smear Exam for _____ <input type="checkbox"/> Other _____</p> <p>Endocrinology <input type="checkbox"/> Progesterone(1 mL serum) <input type="checkbox"/> Endogenous ACTH (1 mL EDTA Plasma)</p>	<p>Urinalysis (For Courier/Local Samples Only) <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>Fecal Examination <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 whirl 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.