


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

CLIENT INFORMATION

SUBMITTING VETERINARIAN		OWNER/PRODUCER	
Name		Name	
Account #		Street Address	
Clinic/Company		City, State, Zip	
Street Address		Phone #	
City, State, Zip		E-mail Address	
Phone #/Fax #		Other	
E-mail Address		SEND REPORTS VIA: <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/> Both	

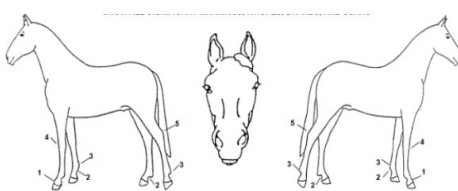
SAMPLE/PATIENT INFORMATION

Animal Name/ID/Tag		Age	<input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years	
Species Required Field		Sex	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> MC <input type="checkbox"/> FS	
Breed		Weight	<input type="checkbox"/> lb <input type="checkbox"/> kg	
Date Sample Collected		Date Sample Sent		
SAMPLE TYPE				
<input type="checkbox"/> Fixed Tissue(s)	<input type="checkbox"/> Whole Blood	<input type="checkbox"/> Plasma	<input type="checkbox"/> Swab(s) Type:	<input type="checkbox"/> Feed
<input type="checkbox"/> Fresh Tissue(s)	<input type="checkbox"/> Clotted Blood	<input type="checkbox"/> Slide(s)	<input type="checkbox"/> Fluid Type:	<input type="checkbox"/> Other
<input type="checkbox"/> Whole Animal(s)	<input type="checkbox"/> Serum	<input type="checkbox"/> Feces	<input type="checkbox"/> Urine <input type="checkbox"/> Cysto <input type="checkbox"/> Cath <input type="checkbox"/> Voided	List:

HISTORY/CLINICAL INFORMATION

Clinical/Differential Diagnosis:	
History (use additional sheets, if needed): Please include clinical signs, onset and duration of illness, vaccination status, treatment, herd information, new introductions, etc.	

LESION INFORMATION

Location (please mark): 	History: Size/Description/Duration: Treatment : Response: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial Rate of growth: <input type="checkbox"/> Slow <input type="checkbox"/> Fast Recurrence? <input type="checkbox"/> Yes <input type="checkbox"/> No Margins inked or tagged? <input type="checkbox"/> Yes <input type="checkbox"/> No Orientation: _____
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CYTOLOGY/FLUID

<input type="checkbox"/> Cytology Exam- List site(s) above	<input type="checkbox"/> Multiple Lymph Node Cytology (up to 4)	<input type="checkbox"/> Multiple Synovial Fluid Cytology (slides only)
<input type="checkbox"/> Bone Marrow Aspirate	<input type="checkbox"/> Bone Marrow Biopsy (for either, include CBC report or submit blood and blood film for concurrent CBC)	
<input type="checkbox"/> Fluid Analysis (submit prepared slides and fluid sample) - <input type="checkbox"/> Peritoneal <input type="checkbox"/> Pleural <input type="checkbox"/> Pericardial <input type="checkbox"/> BAL <input type="checkbox"/> Tracheal Wash <input type="checkbox"/> Synovial		
<input type="checkbox"/> CSF Analysis (see instructions on website or call lab)	<input type="checkbox"/> Other fluid for cytology (include slides and fluid) Site: _____	

 Lab use only: Cold Pac Frozen None Room Temp.

 Sample Condition Broken Leaked Other _____

PATHOLOGY

<input type="checkbox"/> Gross Necropsy	<input type="checkbox"/> Necropsy and Histopathology	<input type="checkbox"/> Necropsy, Histopathology, and Labs	<input type="checkbox"/> Biopsy/Histopathology
<input type="checkbox"/> Abortion Panel	<input type="checkbox"/> Toxicology (additional fees may apply)	<input type="checkbox"/> Fresh and Fixed Tissue Exam (mailed tissues)	
Other testing not listed:			

****All equine necropsies will incur a disposal fee in addition to necropsy charges. Call the lab for details.****

BACTERIOLOGY *Please indicate type of antimicrobial therapy and date of last dose in history/clinical information section (above)*

<input type="checkbox"/> Aerobic Culture	<input type="checkbox"/> Aerobic & Anaerobic Culture	<input type="checkbox"/> Antimicrobial Susceptibility (MIC) per organism	
<input type="checkbox"/> CEM Culture	<input type="checkbox"/> Abortion Screen	<input type="checkbox"/> Fluid Culture (Blood or Sterile Site Fluid: Synovial, Pleural, Peritoneal)	
<input type="checkbox"/> Enteric Screen	<input type="checkbox"/> Fungal Culture- Dermatophyte	<input type="checkbox"/> Fungal Culture- Systemic	<input type="checkbox"/> <i>Salmonella</i> Culture
<input type="checkbox"/> Aerobic Culture + up to 3 susceptibilities		<input type="checkbox"/> Aerobic and Anaerobic Culture + up to 3 susceptibilities	
Other testing not listed:			

TOXICOLOGY

<input type="checkbox"/> Ergot Alkaloids in Feedstuffs	<input type="checkbox"/> Ergot/Fescue Alkaloids in Feedstuffs	<input type="checkbox"/> Fumonisin B1 in Feedstuffs (quantitative)
<input type="checkbox"/> GC/MS Screen	<input type="checkbox"/> Ionophore Screen	<input type="checkbox"/> ICP-OES Metal Panel: Serum or Plasma
<input type="checkbox"/> ICP-OES Metal Panel: Liver or Kidney (As, Cd, Co, Cu, Fe, Pb, Mn, Mo, Tl, Zn, Sb, Cr, Ni, Se, V)		<input type="checkbox"/> Selenium in Serum/Plasma by ICP-OES
<input type="checkbox"/> Mycotoxin Screen	<input type="checkbox"/> Vitamin E in Blood or Serum	<input type="checkbox"/> Consult Toxicologist
Other testing not listed:		

* Please note: This form does not include all of the testing performed by the MU VMDL. Consult our fee guide for additional information. *

SEROLOGY

EQUINE	
<input type="checkbox"/> <i>Anaplasma phagocytophilum</i> IFA	<input type="checkbox"/> <i>Borrelia burgdorferi</i> (Lyme) IFA
<input type="checkbox"/> Equine Herpesvirus SN	<input type="checkbox"/> Equine Infectious Anemia ELISA (include official form)
<input type="checkbox"/> Equine Infectious Anemia AGID (include official form)	<input type="checkbox"/> Equine Viral Arteritis ELISA
<input type="checkbox"/> Equine Viral Arteritis SN	<input type="checkbox"/> <i>Histoplasma capsulatum</i> AGID
<input type="checkbox"/> <i>Leptospirosis</i> - 6 serovar MAT	<input type="checkbox"/> West Nile Virus IgM ELISA
Other testing not listed:	

MOLECULAR

DIAGNOSTIC PCR PANELS	
<input type="checkbox"/> Equine Enteric (<i>Salmonella</i> , <i>Lawsonia</i> , Potomac Horse Fever)	
<input type="checkbox"/> Equine Enteris PLUS (above + <i>C. perfringens</i> and <i>C. difficile</i> toxin ELISA)	
<input type="checkbox"/> Equine Neurologic (Equine Herpesvirus, WNV IgM ELISA or PCR)	
INDIVIDUAL PCR TESTS	
<input type="checkbox"/> <i>Anaplasma</i> spp.	<input type="checkbox"/> <i>Borrelia burgdorferi</i> (Lyme)
<input type="checkbox"/> Equine Arteritis Virus	<input type="checkbox"/> Equine Herpesvirus 1 & 4
<input type="checkbox"/> <i>Lawsonia intracellularis</i>	<input type="checkbox"/> Pathogenic <i>Leptospira</i> spp.
<input type="checkbox"/> Potomac Horse Fever	<input type="checkbox"/> Rotavirus A
<input type="checkbox"/> <i>Rhodococcus equi</i>	<input type="checkbox"/> <i>Streptococcus equi</i> ssp <i>equi</i>
<input type="checkbox"/> <i>Salmonella</i>	<input type="checkbox"/> West Nile Virus
Other testing not listed:	

CLINICAL PATHOLOGY

HEMATOLOGY	
<input type="checkbox"/> CBC + Fibrinogen (heat precipitated)	
<input type="checkbox"/> Fibrinogen (heat precipitated)	
CHEMISTRY	
<input type="checkbox"/> MAXI Panel	<input type="checkbox"/> MINI Panel
<input type="checkbox"/> Renal Panel	<input type="checkbox"/> Liver Panel
<input type="checkbox"/> Electrolyte Panel	<input type="checkbox"/> Foal IgG (Snap Test)
COAGULATION	
<input type="checkbox"/> PT	<input type="checkbox"/> PTT
<input type="checkbox"/> D-Dimer	<input type="checkbox"/> Fibrinogen (Coagulation)
ENDOCRINOLOGY	
<input type="checkbox"/> Progesterone	<input type="checkbox"/> Endogenous ACTH
<input type="checkbox"/> Insulin/Glucose	<input type="checkbox"/> Cortisol (single)
URINALYSIS	
<input type="checkbox"/> Complete UA	<input type="checkbox"/> Urine Protein/Creatinine
PARASITOLOGY	
<input type="checkbox"/> Fecal Flotation	<input type="checkbox"/> Modified Stoll Egg Count
<input type="checkbox"/> McMaster's Fecal Egg Count	
Other testing not listed:	