University of Missouri – Veterinary Medical Diagnostic Laboratory TIER IV DOCUMENT ID & TITLE: VMDL-F-054E Submission Form_Equine

U CVM Veterinary Medical Diagnostic Laboratory Equine Submission Form

1-800-UMC-VMDL 800-862-8635 Fax 573-882-1411

Courier Address

AUTHORIZED BY: Eric W. Mathis

www.vmdl.missouri.edu

US Mail Address

VMDL, 901 E. Campus Loop, Columbia, MO 65211

VMDL, PO Box 6023, Columbia, MO 65205

CLIENT INFORMATION										
SI	UBMITTING VETERINA		OWNER/PRODUCER							
Name				Name						
Account #				Street Address						
Clinic/Company				City, State, Zip						
Street Address				Phone #						
City, State, Zip	State, Zip			E-mail Address						
Phone #/Fax #				Other						
E-mail Address				SEND REP	ORTS VIA:	□ Fax □ E	-mail	☐ Both		
SAMPLE/PATIENT INFORMATION										
Animal Name/ID/Tag	imal Name/ID/Tag			Age □ Day				s Months Years		
Species Reguired Field				Sex	□ F □ MC □ FS					
Breed				Weight			□ lb	□ kg		
Date Sample Collected				Date Sample Sent				_		
SAMPLE TYPE										
☐ Fixed Tissue(s)	☐ Whole Blood ☐ Pla		sma	☐ Swab(s) Type	:			□ Feed		
☐ Fresh Tissue(s)	☐ Clotted Blood ☐ Slie		de(s)	☐ Fluid Type			☐ Other			
☐ Whole Animal(s)	□ Serum □ Fee		ces	□ Urine □	th 🗆 Voided	t	List:			
HISTORY/CLINICAL INFORMATION										
Clinical/Differential Diag	nosis:									
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): Histor				ariation /Duration						
	Size/Description/Duration: Treatment:									
						Response: 🗆 Yes 🗆 No 🗀 Partial				
			Rate of growth		Recurrence?		□ Yes □	No		
Margins inked or tagged? ☐ Yes ☐ No Orientation: CYTOLOGY/FLUID										
•	:+ a / a \ a b a a	□ NAI±i.ala	Lumanda Nada Cud		□ Naultinla	Composite L. Floriel	Codala	/ ali al a a a a	1\	
☐ Cytology Exam- List site(s) above ☐ Multiple Lymph Node Cytology (up to 4) ☐ Multiple Synovial Fluid Cytology (slides only)						пу)				
☐ Bone Marrow Aspirate ☐ Bone Marrow Biopsy (for either, include CBC report or submit blood and blood film for concurrent CBC) ☐ Fluid Analysis (submit prepared slides and fluid sample) - ☐ Peritoneal ☐ Pleural ☐ Pericardial ☐ BAL ☐ Tracheal Wash ☐ Synovial										
☐ CSF Analysis (see instructions on website or call lab) ☐ Other fluid for cytology (include slides and fluid) Site:					⊔ Synovia	1				
ab use only: ☐ Cold Pac ☐ Frozen ☐ None ☐ Room Temp. Sample Condition ☐ Broken ☐ Leaked ☐ Other										

EFFECTIVE DATE: 07/31/2023

QA APPROVED: Brian Nodine

	MENT ID & TITLE	E: VMDL-F-05	4E Submission Forn	n_Equine	—						
PATHOLOGY					_				T		
☐ Gross Necropsy	☐ Necropsy and Histopathology ☐			Necropsy, Hist	stopathology, and Labs			☐ Biopsy/Histopathology			
☐ Abortion Panel		(additional f	ees may apply)	☐ Fresh and Fixed Tissue Exam ☐ Fi				Fixed Tissue Exam			
Other testing not lis					_						
**All equine necrop BACTERIOLOGY		-						sec	tion (above)*		
☐ Aerobic Culture	☐ Aerobic & An				pial Susceptibility (MIC) per organism						
☐ CEM Culture	☐ Abortion Scre	een		☐ Fluid Cultur	ure (Blood or Sterile Site Fluid: Synovial, Pleural, Peritoneal)						
☐ Enteric Screen	☐ Fungal Cultur	e- Dermatop	hyte	☐ Fungal Cultu	llture- Systemic ☐ Salmonella Culture						
☐ Aerobic Culture +	- up to 3 susceptil	oilities		☐ Aerobic and	☐ Aerobic and Anaerobic Culture + up to 3 susceptibilities						
Other testing not lis	ted:		·								
TOXICOLOGY											
☐ Ergot Aklaoids in	Feedstuffs		☐ Ergot/Fescue Alkaloids in Feedstuffs			stuffs	☐ Fumonisin B1 in Feedstuffs (quantitative)				
☐ GC/MS Screen		☐ Ionophore Screen				☐ ICP-OES			Metal Panel: Serum or Plasma		
☐ ICP-OES Metal Pa	anel: Liver or Kidn	ey (As, Cd, Co, Cu, Fe, Pb, Mn, Mo, Tl, Zn, Sb, Cr, Ni			, Ni, Se, V) 🛘 🗆 Selenium ir			in Serum/Plasma by ICP-OES			
☐ Mycotoxin Screen ☐ Vita			n E in Blood or Serum				☐ Consult Toxicologist				
Other testing not lis	ted:										
* Please note: This fo SEROLOGY	rm does not inclu	ide all of the	testing performe	d by the MU VN			our fee guid PATHOLO		r additional information. * /		
EQUINE		I			HEMATOLOGY						
☐ Anaplasma phage	ocytophilum IFA	☐ Borrelia	burgdorferi (Lyme	e) IFA	☐ CBC + Fibrinogen (heat precipitated)						
			Equine Infectious Anemia ELISA (include official form)		☐ Fibrinogen (heat precipitated)						
☐ Equine Infectious Anemia AGID (include official fo			·								
☐ Equine Viral Arteritis SN		☐ Histopla	sma capsulatum A	AGID	ŀ	☐ MAXI Panel ☐ Renal Panel		+	☐ Liver Panel		
☐ <i>Leptospirosis</i> - 6 serovar MAT		☐ West Ni	le Virus IgM ELISA		ŀ	☐ Electrolyte Panel		+	☐ Foal IgG (Snap Test)		
Other testing not listed:					COAGULATION						
MOLECULAR				ľ	□ РТ			□ PTT			
DIAGNOSTIC PCR PANELS					r	☐ D-Dimer		1	☐ Fibrinogen (Coagulation)		
☐ Equine Enteric (Salmonella, Lawsonia, Potomac Horse Fever)						ENDOCRINOLOGY					
☐ Equine Enteris PLUS (above + <i>C. perfringens</i> and <i>C. difficile</i> toxin ELISA)					☐ Progesterone		1	☐ Endogenous ACTH			
☐ Equine Neurologic (Equine Herpesvirus, WNV IgM ELISA or PCR)					L	☐ Insulin/Glucose		[☐ Cortisol (single)		
☐ Equine Neonatal Enteric (Rotavirus A, <i>Salmonella, C. perfringens</i> and <i>C. difficila</i> toxin ELISA)						URINALYSIS					
difficile toxin ELISA) INDIVIDUAL PCR TESTS					☐ Complete UA ☐ Urine Protein/Creatinine						
☐ <i>Anaplasma</i> spp. ☐ <i>Borrelia b</i>			burgdorferi (Lyme)		┢	PARASITOLOGY					
		Herpesvirus 1 & 4		ŀ	☐ Fecal Flotation Other testing not listed:			☐ Fecal Egg Count			
☐ <i>Lawsonia intracellularis</i> ☐ Pathogenic		-).	Other testing not listed.							
□ Potomac Horse Fever □ Rotavirus A					- 						
			Streptococcus equi ssp equi								
☐ Salmonella	☐ West Nile Virus										
Other testing not listed:											

University of Missouri – Veterinary Medical Diagnostic Laboratory

QUALTRAX ID: 3462	REVISION #: 2	SECTION: VMDL	AUTHORIZATION DATE: 07/31/2023			
AUTHORIZED BY: Eric W. Mathis		QA APPROVED: Brian Nodine	EFFECTIVE DATE: 07/31/2023			