

TEST REQUEST FORM

Instructions:

Complete the following information and submit with specimen. Keep a copy for your records.
Please send one form per animal.

Equine Diagnostic Solutions, LLC
1501 Bull Lea Rd. Suite 104
Lexington, KY 40511
Phone: 859-288-5255
Fax: 859-288-5250
Website: www.equinediagnosticsolutions.com

EDS Accession Number
EDS Account Number

Veterinarian Name		Clinic Name	
Street Address			
City	State/Province	Zip	Country
Phone Number	Fax Number	Mobile/Cellular	email
Animal Name	ID Number	Owner Name	
Breed	Age	Gender	Vaccinations (Rabies/EPM/Strangles)
Clinical Signs/Duration/Diagnosis/Treatment/Outcome			Check box if Rabies suspect <input type="checkbox"/>
Specimen Type	Date Collected	Date Received (EDS)	

Specimen Requirements Key

S=Serum, red or marble top CSFrt=Cerebrospinal Fluid in red top CSFedta=Cerebrospinal fluid in EDTA purple top WB=EDTA purple top whole blood
NW=Nasal Wash GPW=Guttural Pouch Wash NS=Nasal Swab TW=Tracheal Wash F=Feeces FS=Fecal Swab U=Urine

SEROLOGY

- | | |
|--|--|
| <input type="checkbox"/> EPM, Sarcocystis neurona SAG2,4/3 ELISA, serum (S)
<input type="checkbox"/> EPM, S. neurona SAG2,4/3 ELISA, CSF (CSFrt)
<input type="checkbox"/> EPM, S. neurona western blot, serum (S)
<input type="checkbox"/> EPM, Neospora hughesi ELISA(S or CSFrt)
<input type="checkbox"/> CSF Analysis (CSFrt and CSFedta) | <input type="checkbox"/> Streptococcus equi M-protein ELISA (S)
<input type="checkbox"/> West Nile Virus (WNV) IgM Capture ELISA (S)
<input type="checkbox"/> Equine Infectious Anemia (EIA) AGID, Coggins (S)
<input type="checkbox"/> Equine Infectious Anemia (EIA) ELISA (S)
<input type="checkbox"/> Lawsonia intracellularis ELISA (S) |
|--|--|

MOLECULAR

- | | |
|--|--|
| <input type="checkbox"/> Streptococcus equi PCR, by real-time (NW or GPW or NS)
<input type="checkbox"/> Streptococcus equi back up culture for PCR
<input type="checkbox"/> Equine Herpesvirus 1 (EHV1) PCR, by real-time (NS or NW or WB)
<input type="checkbox"/> Equine Herpesvirus 4 (EHV4) PCR, by real-time (NS or NW)
<input type="checkbox"/> Equine Influenza Virus (EIV) PCR, by real-time (NS or NW)
<input type="checkbox"/> Equine Rhinitis Virus A & B PCR, by real time (U or NW or NS) | <input type="checkbox"/> Rhodococcus equi PCR, by real-time (TW)
<input type="checkbox"/> Rhodococcus equi back up culture for PCR
<input type="checkbox"/> Salmonella spp.PCR, by real-time (F or FS)
<input type="checkbox"/> Sarcocystis neurona PCR (CSFedta)
<input type="checkbox"/> Equine Arteritis Virus (EAV) PCR (NS or NW) |
|--|--|

PANELS/TEST COMBINATIONS

- | | |
|--|--|
| EPM Panels
<input type="checkbox"/> S. neurona SAG2,4/3 ELISA Titer Ratio (S & CSFrt)
<input type="checkbox"/> S.neurona Specific Index (S & CSFrt)
<input type="checkbox"/> S. neurona western blot and SAG2,4/3 ELISA (S or CSFrt)
<input type="checkbox"/> S. neurona SAG2,4/3 ELISA & N. hughesi ELISA (S or CSFrt)
<input type="checkbox"/> N. hughesi ELISA Ratio (S & CSFrt)
<input type="checkbox"/> S. neurona & N. hughesi ELISA Ratios (S & CSFrt) | Neurologic Panels
<input type="checkbox"/> Neurologic I:EPM SAG2,4/3 Ratio,WNV,EHV1 (S, CSFrt & NS or WB)
<input type="checkbox"/> Neurologic II: EPM SAG2,4/3 ELISA, WNV, EHV1 (S & NS or WB)
<input type="checkbox"/> Neurologic III: EPM western blot, WNV, EHV1 (S & NS or WB)
<input type="checkbox"/> Additional EHV1 PCR for any Panel (NS or WB)
<input type="checkbox"/> S. neurona western blot, or SAG2,4/3 ELISA & WNV (S)
<input type="checkbox"/> S. neurona SAG2,4/3 ELISA Ratio &WNV (S & CSFrt)
<input type="checkbox"/> EHV1 PCR on both NS and WB |
| Respiratory Panels
<input type="checkbox"/> EHV1 & EHV4 PCR (NS or NW)
<input type="checkbox"/> S. equi, EHV1, EHV4, EIV PCR (NS or NW)
<input type="checkbox"/> S. equi, EHV1, EHV4, EIV, EAV, & ERAV/ERBV PCR (NS or NW & U) | |

COMMENTS