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TEST REQUEST FORM

Instructions:

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

	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 CSFr=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=Feces FS=Fecal Swab U=Urine

SEROLOGY

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|---|---|
| <input type="checkbox"/> EPM, Sarcocystis neurona SAG2,4/3 ELISA, serum (S) | <input type="checkbox"/> Streptococcus equi M-protein ELISA (S) |
| <input type="checkbox"/> EPM, S. neurona SAG2,4/3 ELISA, CSF (CSFr) | <input type="checkbox"/> West Nile Virus (WNV) IgM Capture ELISA (S) |
| <input type="checkbox"/> EPM, S. neurona western blot, serum (S) | <input type="checkbox"/> Equine Infectious Anemia (EIA) AGID, Coggins (S) |
| <input type="checkbox"/> EPM, Neospora hughesi ELISA (S or CSFr) | <input type="checkbox"/> Equine Infectious Anemia (EIA) ELISA (S) |
| <input type="checkbox"/> CSF Analysis (CSFr and CSFedta) | <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"/> Rhodococcus equi PCR, by real-time (TW) |
| <input type="checkbox"/> Streptococcus equi back up culture for PCR | <input type="checkbox"/> Rhodococcus 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"/> Salmonella spp. PCR, by real-time (F or FS) |
| <input type="checkbox"/> Equine Herpesvirus 4 (EHV4) PCR, by real-time (NS or NW) | <input type="checkbox"/> Sarcocystis neurona PCR (CSFedta) |
| <input type="checkbox"/> Equine Influenza Virus (EIV) PCR, by real-time (NS or NW) | <input type="checkbox"/> Equine Arteritis Virus (EAV) PCR (NS or NW) |
| <input type="checkbox"/> Equine Rhinitis Virus A & B PCR, by real time (U or NW or NS) | |

PANELS/TEST COMBINATIONS

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|--|---|
| <p>EPM Panels</p> <input type="checkbox"/> S. neurona SAG2,4/3 ELISA Titer Ratio (S & CSFr)
<input type="checkbox"/> S. neurona Specific Index (S & CSFr)
<input type="checkbox"/> S. neurona western blot and SAG2,4/3 ELISA (S or CSFr)
<input type="checkbox"/> S. neurona SAG2,4/3 ELISA & N. hughesi ELISA (S or CSFr)
<input type="checkbox"/> N. hughesi ELISA Ratio (S & CSFr)
<input type="checkbox"/> S. neurona & N. hughesi ELISA Ratios (S & CSFr) <p>Respiratory Panels</p> <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) | <p>Neurologic Panels</p> <input type="checkbox"/> Neurologic I EPM SAG2,4/3 Ratio, WNV, EHV1 (S, CSFr & 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 & CSFr)
<input type="checkbox"/> EHV1 PCR on both NS and WB |
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COMMENTS