

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

Date Received EDS:

EDS Accession Number:

CLIENT INFORMATION	PATIENT INFORMATION
Account Number: _____ <input type="checkbox"/> New Client <input type="checkbox"/> Updated Info Clinic Name: _____ Veterinarian: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: (____) _____ Fax: (____) _____ Email: _____ Results by: <input type="checkbox"/> Fax <input type="checkbox"/> E-mail	Animal Name: _____ Owner Name: _____ <input type="checkbox"/> Female ID: _____ Gender: <input type="checkbox"/> Gelding <input type="checkbox"/> Male Breed: _____ Age: _____ History/Clinical Signs: _____ <input type="checkbox"/> Rabies Suspect <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <input type="checkbox"/> Previously Tested?                      Date Tested or Previous Acc.#:                      _____                 </div>

For this submission only, send report to the following additional email (s): \_\_\_\_\_

**Specimen:**  **S:** Serum - Red, White or Marble top  **WB<sup>EDTA</sup>:** EDTA Purple top Whole Blood  **GPW:** Guttural Pouch Wash  **F:** Feces  
 Collection Date:  **CSF<sup>RT</sup>:** Cerebrospinal Fluid in Red top  **NS:** Nasopharyngeal Swab  **TTW:** Transtracheal Wash  **FS:** Fecal Swab x2 x3  
 \_\_\_\_/\_\_\_\_/\_\_\_\_  **CSF<sup>EDTA</sup>:** Cerebrospinal Fluid in EDTA Purple top  **NW:** Nasopharyngeal Wash  **U:** Urine  **Other:** \_\_\_\_\_

**MOLECULAR (Real-Time PCR)**

<input type="checkbox"/> Anaplasma phagocytophilum	<b>WB<sup>EDTA</sup></b>
<input type="checkbox"/> Clostridium difficile A & B toxins	<b>F or FS</b>
<input type="checkbox"/> Clostridium perfringens w/ A, B, E & NetF toxins	<b>F or FS</b>
<input type="checkbox"/> Cryptosporidium spp.	<b>F or FS</b>
<input type="checkbox"/> Equine coronavirus (ECoV)	<b>F or FS</b>
<input type="checkbox"/> Equine herpesvirus 1 w/ variants (EHV-1)	<b>NS or NW or WB<sup>EDTA</sup></b>
<input type="checkbox"/> Equine herpesvirus 4 (EHV-4)	<b>NS or NW</b>
<input type="checkbox"/> Equine influenza virus (EIV)	<b>NS or NW</b>
<input type="checkbox"/> Equine rhinitis virus A & B (ERAV/ERBV)	<b>NS or NW or U</b>
<input type="checkbox"/> Equine rotavirus A & B	<b>F or FS</b>
<input type="checkbox"/> Lawsonia intracellularis	<b>F or FS</b>
<input type="checkbox"/> Neorickettsia risticii (Potomac Horse Fever-PHF)	<b>F or FS or WB<sup>EDTA</sup></b>
<input type="checkbox"/> Neospora hughesi	<b>CSF<sup>EDTA</sup></b>
<input type="checkbox"/> Rhodococcus equi	<b>F or FS or TTW</b>
<input type="checkbox"/> Salmonella spp.	<b>F or FS</b>
<input type="checkbox"/> Sarcocystis neurona	<b>CSF<sup>EDTA</sup></b>
<input type="checkbox"/> Streptococcus equi	<b>NS or NW or GPW</b>
<input type="checkbox"/> Streptococcus zooepidemicus	<b>NS or NW or GPW or TTW</b>

**ADD ON TEST:**  Streptococcus spp. backup culture for PCR  
 Rhodococcus equi backup culture for PCR

**SEROLOGY**

<input type="checkbox"/> <b>EPM, Sarcocystis neurona SAG 2/4/3 ELISA Titer</b>	<b>S or CSF<sup>RT</sup></b>
<input type="checkbox"/> <b>EPM, Sarcocystis neurona Western Blot</b>	<b>S or CSF<sup>RT</sup></b>
<input type="checkbox"/> <b>EPM, Neospora hughesi ELISA Titer</b>	<b>S or CSF<sup>RT</sup></b>
<input type="checkbox"/> <b>Lawsonia intracellularis ELISA</b>	<b>S</b>
<input type="checkbox"/> <b>Streptococcus equi M-protein (SeM) ELISA Titer</b>	<b>S</b>
<input type="checkbox"/> <b>West Nile virus (WNV) IgM capture ELISA</b>	<b>S</b>

**SEROLOGY PANELS** **SAI:** Specific Antibody Index

<input type="checkbox"/> <b>1) Sarcocystis neurona SAG 2/4/3 ELISA serum to CSF Titer Ratio + SAI</b>	<b>S and CSF<sup>RT</sup></b>
<input type="checkbox"/> <b>2) Neospora hughesi ELISA serum to CSF Titer Ratio</b>	<b>S and CSF<sup>RT</sup></b>
<input type="checkbox"/> <b>3) S. neurona and N. hughesi ELISA serum to CSF Titer Ratio + SAI</b>	<b>S and CSF<sup>RT</sup></b>
<input type="checkbox"/> <b>4) Sarcocystis neurona and Neospora hughesi ELISA Titer</b>	<b>S or CSF<sup>RT</sup></b>
<input type="checkbox"/> <b>5) Sarcocystis neurona Western Blot and SAG 2/4/3 ELISA Titer</b>	<b>S or CSF<sup>RT</sup></b>

**ADD ON TEST:**  CSF Analysis **CSF<sup>RT</sup> and CSF<sup>EDTA</sup>**

**NEUROLOGIC PANELS** **SAI:** Specific Antibody Index

<input type="checkbox"/> <b>1) S. neurona SAG 2/4/3 ELISA serum to CSF Titer Ratio + SAI and WNV IgM ELISA, EHV-1<sup>RT-PCR</sup>, A. phagocytophilum<sup>RT-PCR</sup></b>	<b>S and CSF<sup>RT</sup> and WB<sup>EDTA</sup> (NS optional)</b>
<input type="checkbox"/> <b>2) S. neurona SAG 2/4/3 ELISA Titer and WNV IgM ELISA, EHV-1<sup>RT-PCR</sup>, A. phagocytophilum<sup>RT-PCR</sup></b>	<b>S and WB<sup>EDTA</sup> (NS optional)</b>
<input type="checkbox"/> <b>3) S. neurona SAG 2/4/3 ELISA serum to CSF Titer Ratio + SAI and WNV IgM ELISA</b>	<b>S and CSF<sup>RT</sup></b>
<input type="checkbox"/> <b>4) S. neurona SAG 2/4/3 ELISA Titer and WNV IgM ELISA</b>	<b>S</b>

**ADD ON TEST:**  **EHV-1<sup>RT-PCR</sup>** additional to any panel **NS or WB<sup>EDTA</sup>**

**MOLECULAR PANELS (Real-Time PCR)**

<input type="checkbox"/> <b>RESPIRATORY PANEL:</b> S. equi, S. zooepidemicus, EHV-1, EHV-4, EIV, ERAV/ERBV	<b>NS or NW (U optional)</b>
<input type="checkbox"/> <b>VIRAL RESPIRATORY PANEL:</b> EHV-1, EHV-4, EIV	<b>NS or NW</b>
<input type="checkbox"/> <b>STREPTOCOCCUS PANEL:</b> S. equi and S. zooepidemicus	<b>NS or NW or GPW</b>
<input type="checkbox"/> <b>EHV-1 PANEL on BOTH NS and WB</b>	<b>(NS or NW) and WB<sup>EDTA</sup></b>
<input type="checkbox"/> <b>PHF PANEL on BOTH WB and Feces</b>	<b>(F or FS) and WB<sup>EDTA</sup></b>
<input type="checkbox"/> <b>FEVER OF UNKNOWN ORIGIN PANEL:</b> S. equi, S. zooepidemicus, EHV-1, EHV-4, EIV, ERAV/ERBV, Anaplasma phagocytophilum, ECoV	<b>(NS or NW) and (F or FS) and WB<sup>EDTA</sup></b>

<input type="checkbox"/> <b>FOAL G.I. PANEL:</b> C. difficile A & B, C. perfringens w/ A, B, E & NetF toxins, Cryptosporidium spp., ECoV, Lawsonia intracellularis R. equi, Rotavirus A & B, Salmonella spp.	<b>F or FSx3</b>
<input type="checkbox"/> <b>ADULT / WEANLING G.I. PANEL:</b> C. difficile A & B, C. perfringens w/ A, B, E & NetF toxins, ECoV, Lawsonia intracellularis, Neorickettsia risticii (PHF), Salmonella spp.	<b>F or FSx2</b>
<input type="checkbox"/> <b>LAWSONIA PANEL:</b> L. intracellularis <b>RT-PCR and ELISA</b>	<b>(F or FS) and S</b>

**ADD ON TEST:**  Neorickettsia risticii (PHF) to any panel **(F or FS) or WB<sup>EDTA</sup>**

Comments: \_\_\_\_\_