

CLIENT INFORMATION	PATIENT INFORMATION
Account Number: _____ <input type="checkbox"/> New EDS Account <input type="checkbox"/> Updated Info for current EDS Client Clinic Name: _____ Veterinarian: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: (____) _____ Fax: (____) _____ Email: _____ Results by: <input type="checkbox"/> E-mail <input type="checkbox"/> Fax	Animal Name: _____ Owner Name: _____ <input type="checkbox"/> Female ID: _____ Gender: <input type="checkbox"/> Castrated Male <input type="checkbox"/> Male Breed: _____ Age/DOB: _____ 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: <input type="checkbox"/> S: Serum - Red, White or Marble top Collection Date: ____/____/____ <input type="checkbox"/> CSF ^{RT} : Cerebrospinal Fluid in Red top <input type="checkbox"/> CSF ^{EDTA} : Cerebrospinal Fluid in EDTA Purple	<input type="checkbox"/> WB ^{EDTA} : EDTA Purple top Whole Blood <input type="checkbox"/> NS: Nasopharyngeal Swab <input type="checkbox"/> NW: Nasopharyngeal Wash	<input type="checkbox"/> GPW: Guttural Pouch Wash <input type="checkbox"/> TTW: Transtracheal Wash <input type="checkbox"/> U: Urine <input type="checkbox"/> F: Feces <input type="checkbox"/> FS: Fecal Swab x2 x3 <input type="checkbox"/> Other: _____
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MOLECULAR (Real-Time PCR)

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

MOLECULAR PANELS (Real-Time PCR)

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

SEROLOGY

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

SEROLOGY PANELS

SAI: Specific Antibody Index

<input type="checkbox"/> 1) S. neurona SAG 2/4/3 ELISA serum to CSF Titer Ratio + SAI	S AND CSF ^{RT}
<input type="checkbox"/> 2) N. hughesi ELISA serum to CSF Titer Ratio	S AND CSF ^{RT}
<input type="checkbox"/> 3) S. neurona and N. hughesi ELISA serum to CSF Titer Ratio + SAI	S AND CSF ^{RT}
<input type="checkbox"/> 4) S. neurona and N. hughesi ELISA Titer	S or CSF ^{RT}
<input type="checkbox"/> 5) S. neurona Western Blot and SAG 2/4/3 ELISA Titer	S or CSF ^{RT}
ADD ON TEST: <input type="checkbox"/> CSF Analysis CSF^{RT} AND CSF^{EDTA}	

NEUROLOGIC PANELS

SAI: Specific Antibody Index

<input type="checkbox"/> 1) S. neurona SAG 2/4/3 ELISA serum to CSF Titer Ratio + SAI and WNV IgM ELISA, EHV-1 ^{RT-PCR} , A. phagocytophilum ^{RT-PCR}	S AND CSF ^{RT} AND WB ^{EDTA} (NS optional)
<input type="checkbox"/> 2) S. neurona SAG 2/4/3 ELISA Titer and WNV IgM ELISA, EHV-1 ^{RT-PCR} , A. phagocytophilum ^{RT-PCR}	S AND WB ^{EDTA} (NS optional)
<input type="checkbox"/> 3) S. neurona SAG 2/4/3 ELISA serum to CSF Titer Ratio + SAI and WNV IgM ELISA	S AND CSF ^{RT}
<input type="checkbox"/> 4) S. neurona SAG 2/4/3 ELISA Titer and WNV IgM ELISA	S
ADD ON TEST: <input type="checkbox"/> EHV-1 ^{RT-PCR} additional to any panel NS or WB^{EDTA}	

FOAL G.I. PANEL:

C. difficile A & B, C. perfringens w/ A, B, E & NetF toxins, Cryptosporidium spp., ECoV, L. intracellularis, R. equi, Rotavirus A & B, Salmonella spp. F or FSx3

ADULT / WEANLING G.I. PANEL:

C. difficile A & B, C. perfringens w/ A, B, E & NetF toxins, ECoV, L. intracellularis, N. risticii (PHF), Salmonella spp. F or FSx2

LAWSONIA PANEL: L. intracellularis RT-PCR and ELISA

ADD ON TEST: N. risticii (PHF) to any panel (F or FS) AND S (F or FS) or WB^{EDTA}

Comments: _____