

SUBMISSION FORM FOR EQUINE DIAGNOSTIC SAMPLES

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Veterinary Surgeon's Details

Name of Practice.....	Owner's Name	<input type="checkbox"/>
Vet. Surgeon's Name.....	Animal ID.....	
Address	Sex	
.....	Thoroughbred <input type="checkbox"/> (please tick correct box)	
Postcode	Sport Horse <input type="checkbox"/>	
Tel No..... Fax No.....	Other <input type="checkbox"/>	
History/Clinical Signs.....		
.....		
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Type and No. of Specimens

For reproductive tract swabs indicate whether Clitoral or Endometrial.

For Other swabs please specify source.

Details of test/s requested

Please tick clearly below the tests required

Packages	
Equine Neonatal Enteritis package (Bacterial culture, sensitivity, rotavirus, cryptosporidia and <i>C. difficile</i>)	<input type="checkbox"/>
Equine Fitness Profile (Tot. protein, Albumin, Globulin, Phosphorus, Urea, CPK, GGT, GLDH & Haematology B)	<input type="checkbox"/>
Serology	Bacteriology
<i>Brucella abortus</i> <input type="checkbox"/>	Standard bacteriological culture..... <input type="checkbox"/>
Leptospirosis (multi antigen test)..... <input type="checkbox"/>	Clitoral swab (CEM culture) <input type="checkbox"/>
Equine viral arteritis (EVA)..... <input type="checkbox"/>	Endometrial swab (CEM culture) <input type="checkbox"/>
Equine herpesviruses (EHV1/4)..... <input type="checkbox"/>	Endometrial swab (General culture) <input type="checkbox"/>
Equine flu..... <input type="checkbox"/>	Ringworm culture..... <input type="checkbox"/>
Parasitology	Haematology
Worm egg count..... <input type="checkbox"/>	Haematology A (no WCC diff.)..... <input type="checkbox"/>
Microscopic examination for ectoparasites and ringworm..... <input type="checkbox"/>	Haematology B (inc. WCC diff.)..... <input type="checkbox"/>
Microscopic examination for ectoparasites, ringworm and ringworm culture <input type="checkbox"/>	Other Tests
	IgG level (ZST) <input type="checkbox"/>
	Progesterone assay <input type="checkbox"/>

OTHER TESTS (please specify)

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SIGNED DATE