

SUBMISSION FORM FOR EQUINE DIAGNOSTIC SAMPLES

Veterinary Surgeon's Details

Name of Practice.....
 Vet. Surgeon's Name.....
 Address.....

 Postcode.....
 Tel No.....
 Email.....

Owner's Name
 Animal ID.
 Sex
 Thoroughbred (please tick correct box)
 Sport Horse
 Other

History/Clinical Signs.....

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

Data Protection, Freedom of Information & Environmental Information regulations.

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