

Equine Submission Form



Veterinarian:					
Practice:					
Owner:					
Owner Address:					
Clinic Reference:					
Breed:	TB	SB	Shire / Draught	Pony	Other:

Date Sample Collected:	/	/
Animal Name / ID:		
Age:	year(s)	month(s)
Sex:		

Clinical History				
Normal Animal Check	Anorexia	Abortion/Stillbirth	Alimentary System Signs	Skin Lesions/Photosensitivity
Found Dead/Unexpected Death	Diarrhoea/Dysentery	Congenital Abnormalities	Metabolic/Recumbent	Pruritus
Mass Mortality	Ill Thrift/Weight Loss	Genital Lesions	Jaundice	Nasal Discharge
Nervous Signs	Production Drop	Infertility	Lameness	Vesicles/Ulcers of Mouth/Drooling
Respiratory	Weakness/Depression	Perinatal Losses	Stranding	Musculoskeletal Signs
Urinary	Circulatory/Anaemia/Oedema	Mastitis	Lymphoreticular/Lymphadenopathy	Trauma

No. at Risk		No. Affected		No. Dead	
-------------	--	--------------	--	----------	--

Diagnostic Panels	
Panel breakdown on reverse	
Comprehensive Sick with CBC	<input checked="" type="checkbox"/>
Comprehensive Sick (Biochem Only)	<input checked="" type="checkbox"/>
Inflammatory Panel	<input checked="" type="checkbox"/>
Racing Panel 1	<input checked="" type="checkbox"/>
Racing Panel 2	<input checked="" type="checkbox"/>
Racing Panel 3	<input checked="" type="checkbox"/>
Liver Panel	<input checked="" type="checkbox"/>
Foal Panel	<input checked="" type="checkbox"/>
Endocrine/Metabolic Panel	<input checked="" type="checkbox"/>

Previous Case No:	
Clinical Particulars (the more information provided helps the diagnosis):	

Haematology	
CBC	<input checked="" type="checkbox"/>
ABC	<input checked="" type="checkbox"/>
Coombs	<input checked="" type="checkbox"/>
ESR	<input checked="" type="checkbox"/>
Fibrinogen	<input checked="" type="checkbox"/>
NI Screen (Contact Lab)	<input type="checkbox"/>
Haematology Panels Only	
ABC + ESR	<input checked="" type="checkbox"/>
ABC + Fib	<input checked="" type="checkbox"/>
ABC + ESR + Fib	<input checked="" type="checkbox"/>
Coagulation Panel	<input checked="" type="checkbox"/>
Endocrinology	
Endogenous ACTH (Contact Lab)	<input checked="" type="checkbox"/>
Insulin	<input checked="" type="checkbox"/>
T4 (Total Thyroxine)	<input checked="" type="checkbox"/>
AMH	<input checked="" type="checkbox"/>
MIP (PMSG) (40-120 Days)	<input checked="" type="checkbox"/>
Oestrone Sulphate (>100 Days)	<input checked="" type="checkbox"/>
Progesterone (19-22 Days)	<input checked="" type="checkbox"/>
Testosterone	<input checked="" type="checkbox"/>
Urinalysis	
Full (Dipstick, SG & Sediment)	<input checked="" type="checkbox"/>
Culture & Sensitivity	<input checked="" type="checkbox"/>
Sediment & SG	<input checked="" type="checkbox"/>
Parasitology	
Cryptosporidium	<input type="checkbox"/>
Cyathostome Larvae Exam	<input type="checkbox"/>
FEC	<input type="checkbox"/>
Larval Culture	<input type="checkbox"/>

Biochemistry	
Albumin	<input checked="" type="checkbox"/>
AST	<input checked="" type="checkbox"/>
Bicarbonate	<input checked="" type="checkbox"/>
Bile Acids	<input checked="" type="checkbox"/>
Calcium	<input checked="" type="checkbox"/>
Copper	<input checked="" type="checkbox"/>
Creatinine	<input checked="" type="checkbox"/>
Chloride	<input checked="" type="checkbox"/>
Cholesterol	<input checked="" type="checkbox"/>
CK	<input checked="" type="checkbox"/>
Electrophoresis	<input checked="" type="checkbox"/>
Fractional Excretion Na + K / Single (circle if required)	<input checked="" type="checkbox"/>
GDH	<input checked="" type="checkbox"/>
GGT	<input checked="" type="checkbox"/>
Globulin	<input checked="" type="checkbox"/>
Glucose (Fl. ox)	<input type="checkbox"/>
IgG TIA (Colostrum Transfer)	<input checked="" type="checkbox"/>
Iron	<input checked="" type="checkbox"/>
Magnesium	<input checked="" type="checkbox"/>
Phosphate	<input checked="" type="checkbox"/>
Potassium	<input checked="" type="checkbox"/>
Serum Amyloid A	<input checked="" type="checkbox"/>
Selenium (EDTA)	<input checked="" type="checkbox"/>
Sodium	<input checked="" type="checkbox"/>
Total Bilirubin	<input checked="" type="checkbox"/>
Total Protein	<input checked="" type="checkbox"/>
Triglycerides	<input checked="" type="checkbox"/>
Troponin I	<input checked="" type="checkbox"/>
Urea	<input checked="" type="checkbox"/>
Vitamin B12	<input checked="" type="checkbox"/>
Vitamin E	<input checked="" type="checkbox"/>
Zinc	<input checked="" type="checkbox"/>

PCR / Serology	
Streptococcus equi equi	<input type="checkbox"/>
EHV 1 & 4	<input type="checkbox"/>
Equine Adenovirus	<input type="checkbox"/>
Rhodococcus equi	<input type="checkbox"/>
Clostridium difficile toxins A&B	<input type="checkbox"/>
Clostridium perfringens Type C: B Toxin & Type A: Endotoxin	<input type="checkbox"/>
Cryptosporidium	<input type="checkbox"/>
Salmonella sp (generic)	<input type="checkbox"/>
Lawsonia Intracellularis	<input type="checkbox"/>
Equine Rotavirus	<input type="checkbox"/>
Equine Coronavirus	<input type="checkbox"/>
Equine Diarrhoea PCR Panels on Reverse	
Panel 1: Foal, Basic	<input type="checkbox"/>
Panel 2: Foal Extended Panel	<input type="checkbox"/>
Panel 3: Neonate Panel	<input type="checkbox"/>
Panel 4: Rhodococcus Panel	<input type="checkbox"/>
Microbiology	
Aerobic Culture	<input type="checkbox"/>
Anaerobic Culture	<input type="checkbox"/>
Blood Culture	<input type="checkbox"/>
Strep. equi equi Culture	<input type="checkbox"/>
Uterine Swab - Cult/Smear	<input type="checkbox"/>
Sensitivities for above test(s)	<input type="checkbox"/>
Campylobacter	<input type="checkbox"/>
Faecal Occult Blood	<input type="checkbox"/>
Rhodococcus equi	<input type="checkbox"/>
Salmonella	<input type="checkbox"/>
Yersinia	<input type="checkbox"/>
Dermatophilus Culture	<input type="checkbox"/>
Mycology (Dermatophytes) incl. KOH	<input type="checkbox"/>
Mycology (Non Dermatophytes)	<input type="checkbox"/>
Gram Stain	<input type="checkbox"/>

Cytology		
Smear Cytology Site(s):	<input type="checkbox"/>	
Fluid Analysis Site(s):	<input checked="" type="checkbox"/>	
Tracheal Wash/BAL	<input checked="" type="checkbox"/>	
Pathology		
CNS Evaluation	<input type="checkbox"/>	
Fetal Examination	<input type="checkbox"/>	
Histology Single Tissue	<input type="checkbox"/>	
Histology Multiple Tissues	<input type="checkbox"/>	
Necropsy	<input type="checkbox"/>	
Containers Received (circle)		
Small	Medium	Large
S	Recd	Samples Submitted
<input type="checkbox"/>	<input type="checkbox"/>	Heparin (Green Top) <input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Fl. Ox (Grey Top) <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Serum (Red Top) <input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	EDTA (Purple Top) <input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Slide
<input type="checkbox"/>	<input type="checkbox"/>	Citrate (Blue Top) <input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Fluid (Red Top)
<input type="checkbox"/>	<input type="checkbox"/>	Fluid (Purple Top)
<input type="checkbox"/>	<input type="checkbox"/>	Swab
<input type="checkbox"/>	<input type="checkbox"/>	Urine <input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Faeces
<input type="checkbox"/>	<input type="checkbox"/>	Fresh Tissue
<input type="checkbox"/>	<input type="checkbox"/>	Fixed Tissue
<input type="checkbox"/>	<input type="checkbox"/>	Hair
<input type="checkbox"/>	<input type="checkbox"/>	Other:

Equine Panel Breakdown *(Panels MUST be requested on front page)*

Diagnostic Panels:

Comprehensive Sick Horse Panel: TP, Alb, Glob, Urea, Creat, AST, CK, GDH, GGT, TBil, Bicarb, Anion Gap, Ca, PO4, Mg, Na, Cl, K, SAA

Inflammatory Panel: TP, Alb, Glob, Serum Amyloid A *(Optional add on: CBC and Fibrinogen)*

Racing Panel 1: TP, Alb, Glob, AST, CK, K, Serum Amyloid A, ESR @ 30mins, Automated Blood Count

Racing Panel 2: AST, CK, Serum Amyloid A, ESR @ 30mins, Automated Blood Count

Racing Panel 3: TP, Alb, Glob, CK, AST, Na, Cl, K

Liver Panel: TP, Alb, Glob, GDH, GGT, TBil, Triglycerides *(Optional add on: Bile Acids)*

Foal Panel: TP, Alb, Glob, Urea, Creat, AST, CK, GGT, Bicarb, Anion Gap, Na, Cl, K, Glucose (Flu Ox), Progesterone
(Optional add on: IgG TIA for neonatal foals)

Endocrine/Metabolic Panel: Glucose, Triglycerides, Insulin, ACTH (Call Lab re ACTH)

Equine Diarrhoea Panel 1- Foal Basic: Equine Rotavirus, Equine Coronavirus

Equine Diarrhoea Panel 2- Foal Extended: Equine Rotavirus, Equine Coronavirus, Cryptosporidia, Salmonella sp.

Equine Diarrhoea Panel 3- Neonate: Clostridial toxins (C. difficile, C. perfringens), Rotavirus, Salmonella sp.

Equine Diarrhoea Panel 4- Rhodococcus: Both clostridial toxins, Rotavirus, Salmonella sp., Rhodococcus

Haematology:

CBC: Complete Blood Count (Smear Exam, RBC, WBC, Platelets, HCT, Full Diff, Fibrinogen)

ABC: Automated Blood Count (Auto Diff, RBC, WBC, Platelets) - Not for Sick Animals

Coagulation Panel: PT, APTT, TT, Platelets, Fibrinogen

Skin Biopsy Cases

Type of Lesions *(please circle)*

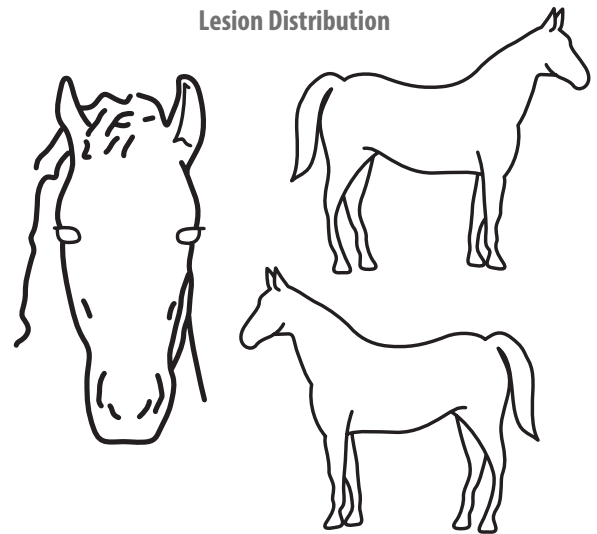
Primary

Tumor Papule Plaque Patch
Wheal Bulla Pustule Nodule

Secondary

Scale Erosion Crust Ulcer
Abscess Erythema Alopecia
Hypopigmentation

Lesion Distribution



Please indicate distribution of lesions by shading affected areas
Indicate biopsy sites with an "X"

How long has the skin disease been present?

Days Weeks Months Years *(please circle)*

Recent Treatment? _____

Response? _____



www.svslabs.nz

524 Te Rapa Road
PO Box 10304
Hamilton 3241
New Zealand

t 0800 787 522
07 444 5101
f 07 444 5102