

EQUINE SUBMISSION FORM

Indiana Animal Disease Diagnostic Laboratories

ADDL at Purdue University
 406 S University St
 West Lafayette, IN 47907-2065
 P: 765-494-7440 F: 765-494-9181

Heeke ADDL - SIPAC
 11367 E Purdue Farm Road
 Dubois, IN 47527-9666
 P: 812-678-3401 F: 812-678-3412

ADDL USE ONLY		# PAGES:
DELIVERED:	ARRIVED:	CONDITION:
<input type="checkbox"/> UPS	<input type="checkbox"/> Chilled	<input type="checkbox"/> Good
<input type="checkbox"/> FedEx	<input type="checkbox"/> Frozen	<input type="checkbox"/> Broken Jar
<input type="checkbox"/> DHL	<input type="checkbox"/> Room Temp	<input type="checkbox"/> Leaked
<input type="checkbox"/> USPS	<input type="checkbox"/> Cold Pack	
<input type="checkbox"/> Exp Mail	<input type="checkbox"/> Dry Ice	
<input type="checkbox"/> Drop-Off	<input type="checkbox"/> None	

ADDL BARCODE

*****If you are submitting an entire body for necropsy, CF.929 Necropsy Submission Form must be used*****
*****If the case may have potential legal/insurance ramifications, CF.1023 Legal Necropsy Submission Form must be used*****

VETERINARIAN:

Name _____
 Indiana License # _____
 Clinic _____
 Address _____
 City, State, ZIP _____
 Phone _____ Fax _____
 Results: Fax Email _____
 Additional Results by:
 Email _____ Fax _____

ANIMAL:

Site/Farm/Unit _____
 Address _____
 City, State, ZIP _____
 Site/Farm/Unit Phone _____

Premises ID _____

PREMISES ID BARCODE

**SIGNATURE REQUIRED FOR
REGULATORY SUBMISSION:**

OWNER:

Name _____
 Address _____
 City, State, ZIP _____

Veterinarian _____

Bill to Veterinarian Bill to Owner (Phone) _____ Purdue Fund _____
 Bill to Third Party (Name/Phone) _____ RIO/SIO _____

HISTORY:

Clinical Problem: Respiratory Enteric Neurologic Reproductive Other Surveillance

Age ____ day wk mo yr # On Site ____ # In Affected Group ____ # Sick ____ # Dead ____ Breed _____

Species:

- Horse
- Donkey
- Mule
- Zebra
- Other

Sex:

- Male
- Female
- Male - Neutered
- Female - Spayed

Differential Diagnosis or Disease(s) Suspected _____

Rabies Suspect & County _____ Histopathology IHC Serology (see page 2) Fetal/Neonatal Protocol

Diagnostician Discretion (ADDL Diagnostician will select tests, based on history provided); Diagnostician Budget _____

If no tests are marked, 'Diagnostician Discretion' will be assumed.

SAMPLES SUBMITTED:

Please visit www.addl.purdue.edu for current sample submission guidelines

ID/Tube	Animal ID	Breed	Sex	Age	Sample Type	Fresh, chilled	Formalin fixed	Date Taken
1						<input type="checkbox"/>	<input type="checkbox"/>	
2						<input type="checkbox"/>	<input type="checkbox"/>	
3						<input type="checkbox"/>	<input type="checkbox"/>	
4						<input type="checkbox"/>	<input type="checkbox"/>	
5						<input type="checkbox"/>	<input type="checkbox"/>	
6						<input type="checkbox"/>	<input type="checkbox"/>	
7						<input type="checkbox"/>	<input type="checkbox"/>	
8						<input type="checkbox"/>	<input type="checkbox"/>	
9						<input type="checkbox"/>	<input type="checkbox"/>	
10						<input type="checkbox"/>	<input type="checkbox"/>	

The owner of the animal or any agent acting with the express authority of the owner agrees that the specimens have been submitted to ADDL and will be handled by ADDL in accordance with ADDL testing procedures, policies, and fees. This handling will include all specified testing and safe disposal of the animal's remains. Specimens and derived isolates become the property of the Indiana ADDL and may be used for teaching or research purposes. The owner expressly consents to such use. In addition to the testing specified above, additional testing may be done: 1) to meet state or federal surveillance programs, 2) by order of state or federal animal health officials, or 3) when a Foreign Animal Disease is suspected. This form only lists frequently requested tests. For the complete list of tests, consult the ADDL Fee Schedule.

Visit us at www.addl.purdue.edu

CF.1082 Equine Submission Form 07/01/2023

EQUINE SUBMISSION FORM PG. 2

Indiana Animal Disease Diagnostic Laboratories

VETERINARIAN:

Name _____

OWNER:

Name _____

All requested tests will be run on all samples, unless otherwise indicated in the "ID #s" field (e.g. 1 - 4 Aerobic Culture 5 Salmonella (PCR))

BACTERIOLOGY

Save Isolate

List suspected pathogen(s):

- Pool samples if possible (at discretion of the lab)
- ___ Aerobic Culture
- ___ Anaerobic Culture
- ___ *Brucella* sp. Culture
- ___ Fungal Culture
- ___ *Salmonella* sp. Culture
- ___ *Salmonella* sp. Series ___ *Salmonella* pool
- ___ Antimicrobial Susceptibility (Topical)
- ___ Antimicrobial Susceptibility (Systemic)
- ___ Other: _____

Choose at least one option
blew for SALMONELLA
POSITIVES. See ADDL
website for more info.
 Serogrouping
 Serotyping (NVSL)

VIROLOGY

Save Isolate

List suspected virus(es):

- ___ Virus Isolation (VI) - list below

- ___ Other: _____

Targeted Next Generation Sequencing (NGS)

List syndromic issue:

- ___ Vector-borne Targeted NGS Panel
- *Visit www.addl.purdue.edu & search Vector-borne NGS for more information**

TOXICOLOGY

List suspected toxin(s)/toxicant(s):

- ___ Anticoagulant
- ___ Blue Green Algae (Microcystins)
- ___ Bone Marrow Fat
- ___ GC/MS Toxicant Screen
- ___ Mycotoxin Screen (AFB, DON, ZEA)
- ___ Single Mycotoxin: _____
- ___ Plant/Fungus ID
- ___ Toxic Metals - Blood (As, Cd, Cr, Pb)
- ___ Trace Mineral - Serum/Plasma (Ca, Cu, Fe, Mg, Se, Zn)
- ___ Trace Mineral/Toxic Metal - Tissue (Cd, Co, Cu, Fe, Pb, Mn, Mo, Se, Zn)
- ___ Other: _____

MOLECULAR DIAGNOSTICS

- ___ *Brucella* spp. PCR
- ___ *Clostridium difficile* A/B PCR
- ___ *Clostridium perfringens* + Toxins PCR
- ___ *Cryptosporidium* sp. PCR
- ___ Eastern Equine Encephalitis Virus (EEE) PCR
- ___ Equine Herpesvirus-1 (EHV-1) PCR
- ___ Equine Herpesvirus-4 (EHV-4) PCR
- ___ Equine Herpesvirus-1&4 Duplex PCR
- ___ 16s Sequencing PCR
- ___ Influenza A Virus (IAV) PCR
- ___ *Leptospira* spp. PCR
- ___ *Mycoplasma* spp. PCR
- ___ *Neorickettsia risticii* (Potomac Horse Fever - PHF) PCR
- ___ *Salmonella* spp. PCR
- ___ *Streptococcus equi* ssp. *equi* (Strangles) PCR
- ___ *Streptococcus equi* ssp. *zooepidemicus* PCR
- ___ *Streptococcus equi* Duplex PCR (*equi* and *zooepidemicus*)
- ___ West Nile Virus (WNV) PCR

PCR PANELS

- ___ Equine Enteric PCR Panel (*Lawsonia*, PHF, *Salmonella*, *C. difficile* A/B, Coronavirus)
- ___ Equine - Foal Enteric PCR Panel (Coronavirus, Rotavirus A, *C. diff* A/B, *C. perf* + toxins, *Lawsonia*, *Cryptosporidium*, *Salmonella*)
- ___ Equine Neurologic PCR Panel (EHV-1, WNV, EEE, *Sarcocystis neurona*)
- ___ Equine Respiratory PCR Panel (EHV-1 & 4, Influenza A and *Strep. equi subsp. equi*)
- ___ Other: _____

SEROLOGY

Date Bled: _____ # Samples: _____

- ___ Equine Arteritis virus (VN)**
- ___ Equine Infectious Anemia (AGID)^^^
- ___ Equine Infectious Anemia (ELISA)^^^
- ___ Equine Rotavirus (IFA)
- ___ *Neorickettsia risticii* (IFA) - PHF
- ___ *Leptospira* spp. (MAT) 7 serovars
- ___ Piroplasmosis - *B. caballi* (cELISA)
- ___ Piroplasmosis - *T. equi* (cELISA)
- ___ Vesicular Stomatitis Virus NJ & IN (VN)**

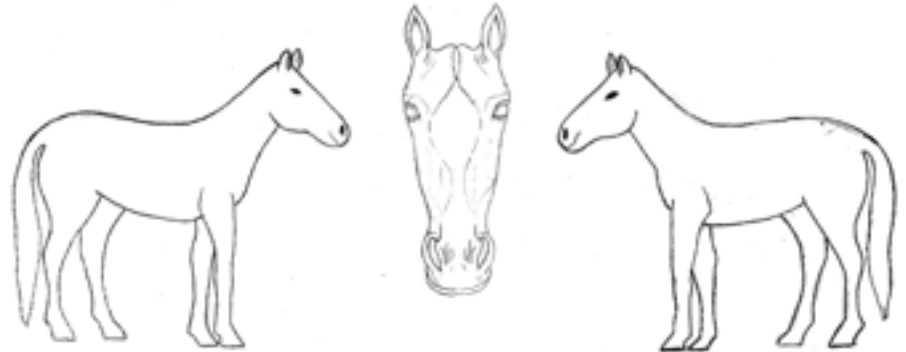
___ Other: _____

** Testing will be completed by a competent subcontractor.

^^ EIA samples **must be submitted with a completed GVL, VSPS, or USDA VS 10-11 carbon form.** See the ADDL website for more information.

SURGICAL PATHOLOGY

Indicate lesion location



PARASITOLOGY

List suspected parasite(s):

- ___ Fecal flotation, Qualitative
- ___ Fecal flotation, Quantitative
- ___ Fecal flotation, Qualitative ZnSO₄
- ___ *Giardia/Crypto* Panel (ZnSO₄ & FA)
- ___ Fecal larval exam - Baermann technique
- ___ Fecal exam, Direct
- ___ Fecal exam, Sedimentation
- ___ Parasite identification

SEROLOGY SUBMISSION REASON

- Initial Test
- Retest
- Other: _____
- Export to/date: _____

PLEASE INCLUDE COPY OF EXPORT REQUIREMENTS