

# 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

<b>ADDL USE ONLY</b>		<b># PAGES:</b>
<b>DELIVERED:</b>	<b>ARRIVED:</b>	<b>CONDITION:</b>
<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	

**\*\*\*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](http://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](http://www.addl.purdue.edu)

CF.1082 Equine Submission Form 07/01/2023

ADDL BARCODE

# 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 below 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: \_\_\_\_\_

**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: \_\_\_\_\_

**Targeted Next Generation Sequencing (NGS)**

List syndromic issue:

Vector-borne Targeted NGS Panel

**\*Visit [www.addl.purdue.edu](http://www.addl.purdue.edu) & search Vector-borne NGS for more information**

**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.

**PARASITOLOGY**

List suspected parasite(s):

Fecal flotation, Qualitative  Fecal flotation, Quantitative  Fecal flotation, Qualitative ZnSO<sub>4</sub>  *Giardia/Crypto* Panel (ZnSO<sub>4</sub> & FA)  Fecal larval exam - Baermann technique  Fecal exam, Direct  Fecal exam, Sedimentation  Parasite identification

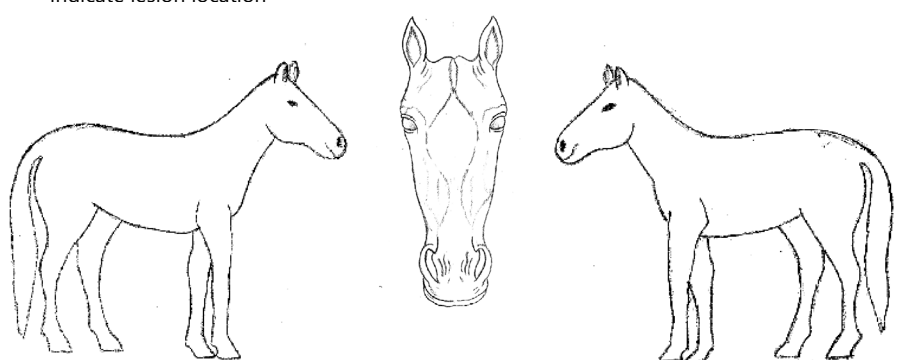
**SEROLOGY SUBMISSION REASON**

Initial Test  Retest  Other: \_\_\_\_\_  Export to/date: \_\_\_\_\_

**PLEASE INCLUDE COPY OF EXPORT REQUIREMENTS**

**SURGICAL PATHOLOGY**

Indicate lesion location



Please see bottom of page 1 for ADDL Legal Disclaimer

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If you have trouble accessing this document because of a disability, please contact PVM Web Communications at [vetwebteam@purdue.edu](mailto:vetwebteam@purdue.edu).