

Att:: Microbiology and Molecular Diagnostics

Room C262
1060 William Moore Drive
Raleigh NC 27607
919 513-6560

Laboratory Use

Clinic Information:

NAME: _____
ADDRESS: _____

PHONE: _____

Veterinarian:

Clinic email: _____

Owner Information:

Last name

First name

AGE _____

Patient Information

Species	NAME	_____	SEX	_____
Equine <input type="checkbox"/>	Breed	_____	M <input type="checkbox"/>	
Other <input type="checkbox"/>		_____	Gelding <input type="checkbox"/>	
			F <input type="checkbox"/>	

Pertinent History

Specimen type: _____

Antibiotic Therapy and Date

Sample Collection Date: _____

Bacteriology Tests

Aerobic Culture and Susceptibility
Aerobic and Anaerobic Culture and Susceptibility

Coggins Testing (submit completed Coggins Form)

Coggins EIA AGID Global Vetlink
Coggins EIA AGID USDA
Coggins EIA ELISA

Parasitology Tests

Fecal Float
Fecal Quantitative McMasters

Clinical Pathology Test

*Equine Complete Hematology Profile w/ fibrinogen
*Equine Chemistry Panel
Urinalysis Profile (dip and microscopic)
Troponin
Endogenous ACTH

*** Order these 2 tests if an Equine Panel II was usually ordered**

SI Cytopathology Analysis

Please fill out history above

Site of cyto sample _____

Surgical Pathology

Complete history above and enter site of biopsy

Site of biopsy sample _____

A \$2.50 Accession/record fee is added to all tests except the Coggins test

This submission form serves as notice that all specimens, animals, and/or biological materials submitted to NC State CVM Diagnostic Laboratory Service (CVM-DLS) as well as any test results, diagnoses, or other analyses resulting from these submissions will become the property of CVM-DLS