

Equine Form

Veterinary Diagnostic Services
545 University Crescent, Winnipeg, Manitoba R3T 5S6
P: 204-945-8220 E: vetlab@gov.mb.ca
W: www.manitoba.ca/agriculture/vds



☐ Routine ☐ Legal ☐ Rush (advanced notice and history required, fees apply) _____

Rabies suspect ☐ No ☐ Yes (no other testing to occur until rabies status determined)

Veterinarian _____ Billing clinic _____

Additional report to (limit of one) _____

Owner/Reference (max 30 characters) _____ Premises # _____

Premises identification number is required for all PMU submissions for the purpose of effective reporting and traceability

Type: ☐ Companion ☐ PMU Breed: _____

Related case # _____ Sample collection date _____

Animal ID _____ Age _____ d ☐ w ☐ m ☐ y ☐ Weight _____ Sex M ☐ F ☐

History (include treatments, vaccines, syndrome, duration of problem, etc.)

☐ continued on back page

Samples submitted (indicate sample type, site and #):

☐ EDTA / Heparin (#) _____ ☐ Serum (red top) (#) _____ ☐ Urine free catch (#) _____ ☐ Fresh _____
☐ Blood smears (#) _____ ☐ Serum (SST) (#) _____ ☐ Urine catheter (#) _____
☐ Plasma (EDTA) (#) _____ ☐ Fluid (#) _____ ☐ Swab site (#) _____ ☐ Fixed _____
☐ Plasma (Heparin) (#) _____ ☐ Cytology smears (#) _____

CLINICAL PATHOLOGY

Hematology

☐ CBC (includes differential & fibrinogen)
☐ Differential only
☐ Platelet count
☐ Fibrinogen

Biochemistry

☐ Complete profile
☐ Kidney panel (see manual)
☐ Hepatic panel (see manual)
☐ Individual test (see manual)

☐ Bile acids (random)

Endocrinology

☐ Endogenous ACTH
☐ Dex. suppression
☐ Progesterone
☐ Total T4

CLINICAL PATHOLOGY

Cytology

☐ Fluid cytology (see manual)
☐ Uterine wash cytology (see manual)
☐ Cytology smear
☐ Urine cytology
☐ Bone marrow (contact lab)
☐ CSF (contact lab)

Urine

☐ Routine urinalysis (includes sediment exam)
☐ Urine electrolytes (Na, K, Cl)

Other

☐ Lyme SNAP

ANATOMIC PATHOLOGY

☐ Necropsy (gross examination)
☐ Histopathology

MICROBIOLOGY

Bacteriology

☐ Culture and sensitivity

Mycology

☐ Fungal culture

Parasitology

☐ Direct exam for mites
☐ Fecal flotation
☐ Fecal egg count
☐ Parasite ID

VIROLOGY

PCR/RPCR

☐ Anaplasma phagocytophilum
☐ Bacillus anthracis
☐ Borrelia burgdorferi
☐ Equid herpesvirus (EHV 1&4)
☐ Equine arteritis virus (EAV)
☐ Equine Influenza A virus (EIV)
☐ Lawsonia intracellularis
☐ Leptospira spp.
☐ Neorickettsia risticii (Potomac Horse Fever)
☐ West Nile virus

Send out: Please specify test & Referral Lab

Name of submitter (please print)

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Continued History

Veterinarian

Owner

Privacy Notice:

By submitting this Form, the Submitter acknowledges and agrees that: (1) all information provided on this form is complete and true to the best of their knowledge; (2) if the Submitter is not the owner of the animal(s), then the Submitter is the authorized agent of the owner or has been authorized by the owner to submit this Form and the sample(s); (3) the Submitter consents to disclosures of submitted information and materials and test results to any persons or entities identified on this Form and any necessary persons and entities as required by legislation respecting reportable diseases and for the surveillance and protection of animal and human health; and (4) the Submitter has read and understands the notices on the Veterinary Diagnostic Services Laboratory (VDS) website respecting confidentiality, disclosure, privacy and ownership of submitted materials.

The personal information collected in this form is collected in accordance with the Privacy Notice on the VDS website. For more information on the Privacy Notice, please contact the Manitoba Agriculture's Access and Privacy Coordinator at 204-945-4823 or email ardfippa@gov.mb.ca.