

Instructions for Completing the Equine Form

For your convenience, save the pre-filled form and use it as a template. Click on **File**, click **Save As** (when saving it for the first time) or **Save** (when revising a previous template).

Print all applicable pages and submit it to the laboratory along with the sample(s). For cases with a long patient or farm history, please send the submission form to vetlab@gov.mb.ca as this expedites case entry and transcription. See page 3 for an example of a completed submission form.

Fill in blanks. Information in bold indicates a **required** field:

1. **Routine, Legal or Rush**
 - a. A chain of custody form should accompany the sample and submission form for legal cases.
 - b. You can access the chain of custody form and fee schedule on our website <http://www.manitoba.ca/agriculture/vds>
 - c. Additional charges may apply if rush requests are accommodated. Please indicate date results are required and tests you would like rushed. The fee schedule lists our turnaround times.
2. **Rabies Suspect**
 - a. Indicate if this is a suspect case.
 - b. We will not proceed with any other testing until the status of the rabies result is known.
3. **Name of Veterinarian, Billing Clinic, Additional Report To**
 - a. Include the first and last name of the veterinarian.
 - b. Billing clinic will automatically receive the report. We accommodate requests for reporting to one additional person. Please indicate full name and contact information including phone number and email address.
4. **Owner/Reference**
 - a. We provided a section for Owner/Reference. This can include any information that helps you match your record to our report. This also helps us search our records when you contact the lab to enquire on the status of testing.
5. **Premises #**
 - a. The section for Premises # applies to PMU farms. This is 7-digit number.
 - b. Owner's full name and Premises # is important for traceability and therefore must be provided to receive Manitoba Agriculture supported rates for testing.
 - c. For more information on Manitoba's Premises Identification Program, please visit our website.
6. **Companion, PMU, Breed**
 - a. Indicate whether the submission form is companion or PMU as this affects billing.
7. **Related Case #**
 - a. It is helpful for us to know the VDS case number of related submissions. Previous results can help with diagnostic plans, test result interpretation and diagnosis.
8. **Sample Collection Date**
 - a. This information allows us to determine the acceptability of the sample for testing.

Instructions for Completing the Equine Form

9. **Animal ID, Age, Weight, Sex**

- a. Providing information on the animal is important as it affects testing and interpretation.
- b. Label samples with the animal's name or animal identification number provided on the form. This will ensure sample and form are matched correctly when it arrives to the lab.

10. **History**

- a. Providing history related to clinical signs, treatment, duration of problem, etc. This helps us interpret test results and determine what tissue to harvest during necropsy. Based on the history we can also make recommendations for additional testing.
- b. Provide information on samples such a chest fluid and fine needle aspirate from mass.

11. **Samples Submitted**

- a. Indicate the type and number of samples submitted.
- b. If you are submitting urine for bacterial culture and urinalysis, we recommend that you submit two samples to expedite testing.

12. **Tests**

- a. Check off the test(s) you would like performed. If a test is not on the form use the **Send Out** box in the left bottom corner to indicate testing. Specify the test and the laboratory you would like the samples sent to for additional testing. Additional charges for send outs will apply.

13. **Name of Submitter**

- a. If the submission is coming directly through the clinic, include the veterinarian's name.
- b. If the owner submits the sample/carcass to VDS, we may ask for the submitter's full name and contact information in case we have follow-up questions.

Instructions for Completing the Equine Form

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 Dr. John Smith Billing clinic Manitoba Veterinary Clinic
Additional report to (limit of one) Dr. Amanda Protect, aprotect@hotmail.com, cell: 204-345-8967
Owner/Reference (max 30 characters) Molly Bloom Horse Farm Premises # MB1234567

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

Type: ☐ Companion ☒ PMU Breed: _____
Related case # 21-12345 Sample collection date August 1, 2025
Animal ID # 2467 Age 4 d ☐ w ☐ m ☐ y ☒ Weight 600 kg Sex M ☐ F ☒

History (include treatments, vaccines, syndrome, duration of problem, etc.) ☐ continued on back page
Off feed, kicking at belly. Off feed for 2 days. No change in feed type and had access to water. Fed on ground.

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

☒ EDTA / Heparin (#) 1 ☒ Serum (red top) (#) 2 ☒ Urine free catch (#) 2 ☐ Fresh _____
☒ Blood smears (#) 2 ☐ 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

Dr. John Smith

Name of submitter (please print)