

# EPM Testing and Information Sheet

Please fill out completely and return with serum or red (or purple) top tube

**Veterinarian:** Name \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Clinic Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date: \_\_\_\_\_

**Horse:** Name \_\_\_\_\_ Age \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_

**Primary Use:** Racing  Performance  (Discipline \_\_\_\_\_) Pleasure  Other \_\_\_\_\_

**How long has the current owner had this animal?** <6 months  6 – 12 months  1 – 2 yrs  >2 yrs

**Has this horse ever received treatment for EPM?** Yes  No  If yes, list drugs and date of treatment. \_\_\_\_\_

**Is horse currently receiving any other medications?** Yes  No  If yes, please list drugs. \_\_\_\_\_

**Brief vaccination history (last 12 months):** \_\_\_\_\_

**Has this horse been vaccinated for EPM?** Yes  No  If yes, give dates: \_\_\_\_\_

**Brief medical history of this horse:** \_\_\_\_\_

**(How long has horse shown clinical signs consistent with EPM?)** \_\_\_\_\_

**Clinical evaluation:** \_\_\_\_\_

**Does the horse exhibit any of the following cranial nerve signs?**

Head tilt  Excessive drooping of grain  Chewing tongue  Drooping of eyelid  Corneal ulcer suggestive of blink disorder  Nostril or lip pulled to one side  Drooping ear  Change in vocalization and/or laryngeal dysfunction

Other: \_\_\_\_\_

**Assign neurologic score, (0 being normal and 5 being recumbent):** 0  1  2  3  4  5

{0 = normal, no deficit, 1 = Deficit just detected at normal gait, 2 = deficit easily detected, exacerbated by backing, turning, swaying, loin pressure, neck extension, 3 = Deficit very prominent on walking, turning, loin pressure or neck extension, 4 = Stumbling, tripping and falling down spontaneously, 5 = Recumbent, unable to rise}

**How confident are you this horse has clinical EPM?** Uncertain  Confident  Very Confident

**With respect to EPM, what diagnostic procedures have or will be done? Results?** \_\_\_\_\_

***This testing should not replace any of your normal diagnostic procedures. Please send***

***\$38.00 to cover test costs.*** Circle Fax or E-mail above for result notification.

## Pathogenes, Inc.

15471 N. W. 112th Ave, Reddick, FL 32686 - For Blood Samples - Use two-day FedEx or USPS  
P.O. Box 970 Fairfield, FL 32634 - For correspondence only

If you have any questions regarding sample collection, testing or mailing please call: **352-591-3221**

Form 524