

Lab ID #

Results:

(Please fill sections below and include with samples observing safe shipping practices. Please send payment with sample. You may pay by MasterCard or VISA by entering the appropriate numbers below. Circle appropriate responses.

Veterinarian: _____ Phone: _____

Fax: _____ E-mail: _____

Clinic Address: _____

Payment: Check for \$38.00 or CC: MC Visa _____ Exp. Date ___/___

Horse: Name _____ Age ____ Breed _____ Sex _____ Weight _____

Has this horse ever received treatment for EPM? Yes No **Currently?** Yes No

Please circle current medications: *Oroquin-10* *Decoquinatate* *Levamisole* *Marquis* *Diclazuril*

Is there any association between onset of signs and vaccination (60 days)? Yes No

How long has horse shown clinical signs consistent with EPM? _____

Is this considered a relapse? Yes No

Does the horse exhibit any cranial nerve signs? Yes No **Depression?** Yes No

Assign neurologic score: 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}

Are you willing to accept referral cases of EPM for your area? Yes No

You would get a contact request through Pathogenes Inc. that would include a name and phone number.

Please return this form with samples by 2 day express mail, FedEx, or UPS to: Pathogenes, Inc.

P.O. Box 970, Fairfield FL 32634 // 15471 N. W. 112th Ave Reddick, Florida 32686

ONID 01209	Submission	First Test	Re-test
Diagnosis			
Antibody level			
Include/Exclude			

If you have any questions please call Dr. Ellison at 352-591-3221 or email us at

sellison@pathogenes.com.

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