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## **Instructions For Sending EPM/IFAT Samples**

Please include the following information with each sample submission:

1. Veterinarian's name
2. Name of the clinic/hospital
3. Your **complete mailing address**
4. Your **phone and fax number**
5. Name of the patient
6. Owner of the animal
7. Number of samples sent
8. Sample type (ie. serum or CSF) and date sample was collected.
9. Breed, gender and age of horse
10. Clinical history as indicated on sample submission form
11. **Please circle the test(s) requested, otherwise WesternBlot, and IFAT Panel will be run by default**  
IFAT Panel : Includes *Sarcocystis neurona* and *Neospora hughesi*.

Shipping Instructions:

1. Send with an ice pack
2. Ship overnight (**DO NOT** ship on a Friday or weekend)
3. Ship to address listed above

**\*\*\*\*\*PLEASE NOTE: EPM Western Blot (Sarcoblot) turnaround is 1-2 weeks, IFAs turnaround is 5-7 business days from the day the sample is received\*\*\*\*\***

**Test Fees:**

**SarcoBlot (Western-Blot): \$68.00**

**SarcoFluor (IFAT): \$45.00**

**NeoFluor (IFAT): \$45.00**

**SarcoFluor & NeoFluor (Panel): \$85.00**

Thank you,

Eva Tamez-Trevino  
Heather Wiese

# UC Davis EPM Panel

## Sample Submission Form

**Samples required:** Blood sample collected in a red top tube and/or a clean CSF tap.  
**Spin the blood and collect the serum.** DO NOT spin the CSF.

**Information Required with Submission:** Please complete the entire form including clinical history.

<b><u>*Please encircle the test or tests requested, otherwise WB and IFAT panel will be run by default</u></b>		
+ SarcoBlot (Western Blot)	+SarcoFluor	+NeoFluor
+ IFAT Panel (SarcoFluor and NeoFluor)		

**Shipping:** Ship on cold packs for overnight delivery

<b>Owner</b> Name: Address:
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<b>Horse</b> Name: Age: Sex: Breed: Use:
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<b>Submitting Veterinarian</b> Name: Clinic Name: Address:  Phone: <b>FAX:</b> E-mail:
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<b>Sample Collection Dates</b> Serum sample: CSF- (give collection site & date):
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<b>Mail Specimens to:</b> Vet. Med. Teaching Hospital Immunology/Virology Lab, Rm. 1023 University of California Davis 1 Garrod Drive Davis, CA 95616 Phone: (530) 752-7373
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**Clinical history required.**

1) Check any or all clinical signs observed:

muscle atrophy    lameness    hind limb ataxia (grade )    fore limb ataxia (grade )  
 facial paralysis    seizures    head tilt    circling    central blindness    hypermetria  
 weakness    tongue atrophy    behavior change    other (please describe).

2) Has horse been treated for EPM? no, yes   duration: \_\_\_\_\_   dates: \_\_\_\_\_

3) Has horse been vaccinated against EPM? no, unknown, yes   dates: \_\_\_\_\_  
Rabies?   no, unknown, yes   dates: \_\_\_\_\_

West Nile Virus? no, unknown, yes dates:

4) Have cervical radiographs or myelogram been done? no, yes (if yes, attach report or findings).

5) Additional information: