

Oklahoma Animal Disease Diagnostic Laboratory

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www.cvm.okstate.edu/oaddl

EQUINE PIROPLASMOSIS SUBMISSION FORM

| CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN | | | | | |
|---|--|--|-------------------------------|---|----------------------|
| I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated below. | | | | | |
| OWNER LAST NAME FIRST INITIAL | | | VETERINARIAN PRINTED NAME | | USDA Accreditation # |
| OWNER ADDRESS | | | VETERINARIAN SIGNATURE | | |
| CITY STATE ZIP | | CLINIC ADDRESS | | | |
| OWNER PHONE | | | CITY STATE ZIP | | |
| NAME AND ADDRESS OF STABLE/TRAINER | | | CLINIC PHONE | | FAX |
| OWNER ADDRESS | | | CELL PHONE | | |
| CITY STATE ZIP | | EMAIL | | | |
| REASON FOR TEST: INTERSTATE TRAVEL BREED/RACE/SHOW/SALE CLINICAL ILLNESS* EXPORT* | | | | | |
| * Clinical Illness and Export samples will be forwarded to NVSL | | | | | |
| TEST REQUESTED | | T. equi B. caballi | DATE BLOOD DRAWN (MM/DD/YYYY) | | |
| TUBE NO. | OFFICIAL TAG NO. | PERMANENT ID: BRAND/MICROCHIP/TATTOO | | NAME OF HORSE | |
| COLOR | | BREED | DOB or AGE | SEX STALLION GELDING MARE | |
| SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS | | | | | |
| | | | | | |
| 1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock | | | | | |
| NARRATIVE DESCRIPTION AND REMARKS | | | | | |
| HEAD | | | OTHER MARKINGS AND BRANDS | | |
| LEFT FORELIMB | | | RIGHT FORELIMB | | |
| LEFT HINDLIMB | | | RIGHT HINDLIMB | | |
| LABORATORY USE ONLY | | | | | |
| Receipt Record | | Miscellaneous Fees | | Receipt Condition | |
| Opened By | <input type="checkbox"/> Mail-post mark _____ <input type="checkbox"/> UPS <input type="checkbox"/> Vet <input type="checkbox"/> FedEx <input type="checkbox"/> Owner <input type="checkbox"/> Courier <input type="checkbox"/> Other | <input type="checkbox"/> Postage Due _____ | | <input type="checkbox"/> Good <input type="checkbox"/> Leaked <input type="checkbox"/> Broken <input type="checkbox"/> Dry Ice <input type="checkbox"/> Cold Pack <input type="checkbox"/> No Refrigeration | |