

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 previous VDS case number. 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.

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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 to interpret test results and determine what tissue to harvest during necropsy. Based on the history we can also make recommendations for additional testing.

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.

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Equine Form

Veterinary Diagnostic Services
 545 University Crescent, Winnipeg, Manitoba R3T 5S6
 P: 204-945-8220 F: 204-948-2654 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 # 18-12345 Sample collection date February 25th, 2018
 Animal ID # 2467 Age 6 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, rolling. Off feed for 2 days.

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

<input checked="" type="checkbox"/> EDTA / Heparin (#) <u>1</u>	<input checked="" type="checkbox"/> Serum (red top) (#) <u>2</u>	<input checked="" type="checkbox"/> Urine free catch (#) <u>2</u>	<input type="checkbox"/> Fresh _____
<input checked="" type="checkbox"/> Blood smears (#) <u>2</u>	<input type="checkbox"/> Serum (SST) (#) _____	<input type="checkbox"/> Urine catheter (#) _____	
<input type="checkbox"/> Cytology smears (#) _____	<input type="checkbox"/> Fluid (#) _____	<input type="checkbox"/> Swab site (#) _____	<input type="checkbox"/> Fixed _____

CLINICAL PATHOLOGY Hematology <input checked="" type="checkbox"/> CBC (includes differential & fibrinogen) <input type="checkbox"/> Differential only <input type="checkbox"/> Platelet count <input type="checkbox"/> Fibrinogen Biochemistry <input checked="" type="checkbox"/> Complete profile <input type="checkbox"/> Kidney panel (see manual) <input type="checkbox"/> Hepatic panel (see manual) <input type="checkbox"/> Individual test (see manual) <input type="checkbox"/> _____ <input type="checkbox"/> Bile acids (random) Endocrinology <input type="checkbox"/> Dex. suppression <input type="checkbox"/> Progesterone <input type="checkbox"/> Total T4	CLINICAL PATHOLOGY Cytology <input type="checkbox"/> Fluid cytology (see manual) <input type="checkbox"/> Uterine wash cytology (see manual) <input type="checkbox"/> Cytology smear <input type="checkbox"/> Urine cytology <input type="checkbox"/> Bone marrow (contact lab) <input type="checkbox"/> CSF (contact lab) Urine <input checked="" type="checkbox"/> Routine urinalysis (includes sediment exam) <input type="checkbox"/> Urine electrolytes (Na, K, Cl) Other <input type="checkbox"/> Lyme SNAP	ANATOMIC PATHOLOGY <input type="checkbox"/> Necropsy (gross examination) <input type="checkbox"/> Histopathology MICROBIOLOGY Bacteriology <input checked="" type="checkbox"/> Culture and sensitivity Mycology <input type="checkbox"/> Fungal culture Parasitology <input type="checkbox"/> Direct exam <input type="checkbox"/> Fecal flotation <input type="checkbox"/> Fecal egg count <input type="checkbox"/> Parasite ID	VIROLOGY PCR <input type="checkbox"/> Anaplasma phagocytophilum <input type="checkbox"/> Bacillus anthracis <input type="checkbox"/> Equid herpesvirus (EHV 1&4) <input type="checkbox"/> Equine arteritis virus (EAV) <input type="checkbox"/> Equine Influenza A virus (EIV) <input type="checkbox"/> Leptospira spp. <input type="checkbox"/> Neorickettsia risticii (Potomac Horse Fever) <input type="checkbox"/> West Nile virus Send out: Please specify test & Referral Lab <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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Dr. John Smith
 Name of submitter (please print)

The personal information on this form is collected under the authority of The Animal Diseases Act and will only be used for the purposes intended under the legislation. It is protected by the provisions of The Freedom of Information and Protection of Privacy Act. Rev 1/2020