



### Equine Submission and Consultation Form

- Test(s) Request
- S. neurona: SAG 1, 5, 6**
  - CRP: C-reactive Protein**
  - Screen: Lyme**
  - Neurofilament**
  - Neospora**
  - Sidewinder: MPP;MP2**
  - S. fayeri**
  - Consider for Field Trial**

#### VETERINARIAN INFORMATION

Vet Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Referral: Include my practice for referral \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
 Vet Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### ANIMAL INFORMATION

Animal Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Breed, Sex: \_\_\_\_\_ Weight: \_\_\_\_\_

#### ANIMAL EVALUATION

- 1) Assign a neurologic score:  0 normal  1 light  2 mild  3 moderate  4 severe  5 down
  - 2) Circle neurologic signs of Polyneuritis equi (PNE) if present (need 4 for trial)
 

	<input type="checkbox"/> Tail paresis	<input type="checkbox"/> Perianal analgesia	<input type="checkbox"/> Dribbles urine or holds feces	<input type="checkbox"/> Ear droops	<input type="checkbox"/> Can't blink	<input type="checkbox"/> Weakness trips sidwinding
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  - 2) What other neurologic deficits were observed?  Behavior  Seizure  Stringhalt  Muscle Atrophy  Cranial Nerve
  - 3) How long has this animal shown signs of EPM? \_\_\_\_\_/days \_\_\_\_\_/weeks \_\_\_\_\_/months
  - 4) Is this animal currently on treatment?  Yes  No
  - 5) Has this animal been previously treated for EPM?  Yes  No
- If Yes, select treatment(s):  Orogen  NeuroQuel  Decoquinatate  Marquis  Protazil  Compounded  
 Treatment dates: \_\_\_\_\_

#### PAYMENT INFORMATION

<b>SAG 1, 5, 6 serotype</b>	<b>CRP</b>	<b>Lyme Screen</b>	<b>S. fayeri</b>	<b>Neospora</b>	<b>MPP/MP2</b>	<b>Neurofilament</b>
<b>\$45</b>	<b>\$20</b>	<b>\$25</b>	<b>\$30</b>	<b>\$40</b>	<b>\$60</b>	<b>\$75</b>

Name on Card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Credit Card #: \_\_\_\_\_ CSC #: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

To send samples with this form **USPS**: Pathogenes - P. O. Box 970, Fairfield, FL 32634 **RUNS WHEN WE RECEIVE THE SAMPLE**  
 To send samples with this form through **FedEx** or **UPS**: Pathogenes - 15471 NW 112th Avenue, Reddick, FL 32686

Service Agreement: By submitting this form to Pathogenes, it is considered a retainer for Dr. Siobhan P. Ellison's consultant services. Consulting services will be initiated following the receipt of this submission form with a test sample, signed by the Veterinarian. This agreement entitles you to participate in discussions about the case, the bioassay results, and the clinical signs of disease with Dr. Siobhan P. Ellison. The veterinarian listed above has a valid client patient relationship as defined in 21 CFR 530.3(i).

For Office Use Only		
Lab ID #:	SAG Results:	Date Invoiced:
		Amount Invoiced:
		Payment by: CC <input type="checkbox"/> Check <input type="checkbox"/>