



Equine Submission and Consultation Form

Test(s) Requested:	<input type="checkbox"/> S neurona: SAG 1, 5, 6	<input type="checkbox"/> CRP: C-reactive Protein	<input type="checkbox"/> Screen: Lyme	<input type="checkbox"/> Neurofilament
	<input type="checkbox"/> Neospora	<input type="checkbox"/> Sidewinder: MPP;MP2	<input type="checkbox"/> S. fayeri	<input type="checkbox"/> LPS Consider for field study

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

Do you observe hypo/hyper aesthesia or abnormal tail carriage? ☐

	Normal No Signs	Light Deficit	Mild Deficit	Moderate Deficit	Severe Deficit	Recumbent & Unable to rise
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1) Assign a neurologic **Gait Assessment Score:** ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2) What neurologic deficits were observed? ☐ Behavior ☐ Seizure ☐ Stringhalt ☐ Muscle Atrophy ☐ Cranial Nerve

Circle PNE signs: Sidewinding Trips Weak Tail paresis Perianal analgesia Dribbles urine Holds feces Ear droop Can't blink

3) How long has this animal shown signs of EPM? _____/days _____/weeks _____/months

4) Is cerebrospinal fluid (CSF) available? ☐ Yes ☐ No

5) Is Lyme disease on the diagnosis list? ☐ Yes ☐ No

6) Is this animal currently on treatment? ☐ Yes ☐ No

7) Has this animal been previously treated for EPM? ☐ Yes ☐ No

If Yes, select treatment(s): ☐ Orogin ☐ NeuroQuel ☐ Decoquinat ☐ Marquis ☐ Protazil

Treatment date: _____

Compounded treatment ☐

PAYMENT INFORMATION

SAG 1, 5, 6	CRP	Lyme Screen	S. fayeri	Neospora	MPP/MP2	NfL	LPS
\$50	\$28	\$30	\$35	\$45	\$65	\$75	\$55

Name on Card: _____ Exp. Date: _____

Credit Card #: _____ CSC #: _____

Billing Address: _____ Billing Zip: _____

OWNER PHONE: _____ OWNER EMAIL: _____

Send this form along with sample to:

2-day mail (USPS) to: Pathogenes - PO Box 970, Fairfield, FL 32634

2-day mail (FedEx) to: Pathogenes - 15471 NW 112th Ave, 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).

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For Office Use Only

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