

## Oklahoma Animal Disease Diagnostic Laboratory

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[www.cvm.okstate.edu/oaddl](http://www.cvm.okstate.edu/oaddl)

### EQUINE PIROPLASMOSIS SUBMISSION FORM

<b>CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN</b>					
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	
<b>SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS</b>					
1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock					
<b>NARRATIVE DESCRIPTION AND REMARKS</b>					
HEAD			OTHER MARKINGS AND BRANDS		
LEFT FORELIMB			RIGHT FORELIMB		
LEFT HINDLIMB			RIGHT HINDLIMB		
<b>LABORATORY USE ONLY</b>					
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"/> DHL	<input type="checkbox"/> Postage Due _____ <input type="checkbox"/> Return Box _____	<input type="checkbox"/> Good <input type="checkbox"/> Leaked <input type="checkbox"/> Frozen <input type="checkbox"/> Dry Ice <input type="checkbox"/> Broken <input type="checkbox"/> Crushed <input type="checkbox"/> Cold Pack <input type="checkbox"/> No Refrigeration		