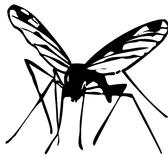

Equine Arbovirus Testing Form

Maryland Department of Health
Laboratories Administration
1770 Ashland Avenue, Baltimore, MD 21205
Phone: 443-681-3800

Name of person completing form: ....

Phone # of person completing form: ( ) .... Date form completed: ____/____/______

Veterinarian Information PLEASE PRINT LEGIBLY IN ALL SECTIONS OF THIS FORM

Name: ....

Mailing address: ....

City: .... State: .... Zip: ....

Office phone: .... Mobile phone: ....

Fax number: Email address:

Animal Information *MANDATORY* (*Specimen will not be tested without complete contact information*)

Name of Horse: .... Age: ....

Breed: .... Gender: (Circle One) Mare Filly Gelding Colt Stallion

Address where stabled: ....

City: .... State: .... County: .... Zip: ....

Owner's name: Owner's phone:

Animal History

WNV vaccine: Yes No Date given: #1: ___/___/____ #2: ___/___/____ Booster: ___/___/____

EEE vaccine: Yes No Date given: #1: ___/___/____ #2: ___/___/____ Booster: ___/___/____

Rabies vaccine: Yes No Date last given: ___/___/____

Travel history (within last 30 days): Yes No If so, where? .... Date: ___/___/____

Exposure to new horses and/or traveling horses? Yes No Describe events and give locations: ....

Are any other horses on the farm exhibiting neurologic clinical signs? Yes No

Describe: ....

Clinical Information

Date of onset of neurologic clinical signs: / /

Describe clinical signs: (circle all that apply)				
	Altered mentation	Depression	Listlessness	Recumbency/inability to stand
	Apprehension	Fever (Temp: ....)	Muscle fasciculations	
	Ataxia	Flaccid paralysis of lower lip	Other:	
	Blindness	Head shaking	Paralysis	

Concurrent illness: Yes No Unknown If yes, describe clinical signs/diagnosis: ....

Vital status: Alive Dead Euthanized Date of death: / / Unknown

Testing Information **A separate testing form must accompany EACH specimen**

Date specimen collected: ____/____/____ Specimen: Blood Brain Other ....

Test: PCR (fresh brain **ONLY; NO formalin-fixed tissues**) IgM capture ELISA

For Laboratory Use Only

Lab Accession #: .... Date received: ____/____/____

Comments: ....