

EQUINE ENCEPHALITIS SAMPLE SUBMISSION FORM

PENNSYLVANIA DEPARTMENT OF AGRICULTURE, PENNSYLVANIA VETERINARY LABORATORY 2305 North Cameron Street, Harrisburg PA 17110-9449 PHONE: (717) 787-8808 / FAX: (717) 772-3895

Lab	Use	Only	

Accession #:

Date Received:

Votorinarian				Own	or:			
Veterinarian:			Owner:					
Clinic			Address					
Address			City, state, zip					
City, state, zip			Phone					
Phone			Fax					
Fax			Email					
Email								
Lilian								
Animal Information:								
Animal ID			Bree	<u>d</u>		<u>Age</u>	<u>Sex</u>	
Travel history within last month	1:							
Test(s) requested:								
							If the short date of last constant	
Clinical Signs (check all th	at apply):				Vac	ccination Status:	If checked, date of last vaccine:	
Date of Onset:						WNV	Date:	
Ataxia	Front		Rear			EEE/WEE Rabies	Date: Date:	
Down, unable to rise						EHV	Date:	
Down, able to rise with a						Lyme	Date:	
Circling	Left		Right			Tetanus	Date:	
Hypermetric	hea					EPM	Date:	
Hypersensitive around head Muzzle twitching								
Muscle fasciculations								
Proprioceptive deficits								
	Гетр:	Date:						
Other:					Ou	estions?		
Sample(s) collected:								
Date collected:	Submitted to:					Contact Dr. Nan Hansh	aw at (717) 772-2852	
Was a postmortem exam	n done? Yes	No				NOTE: If possible, plea	so collect and submit a	
Medications/Treatment:						convalescent serum sa		
Analgesics IV fluids	Tranc Other	uilizers ::				WNV-positive horses 2 initial sample submission		
Response to Treatment:	Good Alive	Poor Dead		None				
If dead, date of death:								
If euthanized, date of euthanasia:								
Date convalescent sample collected:								
Number of horses on premises:								
Number showing similar symptoms:								