



# OIE Reference Center for Equine Viral Arteritis

Contact Information:

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## UNIVERSITY OF KENTUCKY

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Accession # \_\_\_\_\_  
Received \_\_\_\_\_  
Results Entered by \_\_\_\_\_

### EVA Submission Form

(Please print or type all information)

Veterinarian \_\_\_\_\_

Owner \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Phone ( ) \_\_\_\_\_

FAX ( ) \_\_\_\_\_

Location of Horse \_\_\_\_\_

Please check if requesting faxed results (\$5 fee)

E-Mail Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Signature of Submitting Veterinarian \_\_\_\_\_

**All requested information must be provided to ensure receiving laboratory results**

### Animal Information

Animal's Registered Name \_\_\_\_\_ Breed \_\_\_\_\_

Stallion \_\_\_ Mare \_\_\_ Colt \_\_\_ Filly \_\_\_ Gelding \_\_\_ (check one) DOB \_\_\_\_\_ Tattoo/ID# \_\_\_\_\_

Vacc. against EVA? Yes (date(s) \_\_\_\_\_ ) No \_\_\_

SPECIMENS		BASIS FOR TEST	
<i>Type of Specimen</i>	<i>Date Collected</i>		
Serum	_____	Diagnostic Purposes	_____
Semen	_____	Export: Animal	_____ Semen _____
Blood EDTA	_____	Country	_____
Swabs	_____	Pre-Vaccination Screen	_____
Fetus	_____	Breed Registration	_____
Age/Dam/Sire	_____	Routine Screening	_____
Placenta	_____	Pre-Purchase Screen	_____
Other	_____	Surveillance	_____
Specify	_____		

History (clinical signs, duration, etc., if applicable)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### LABORATORY RESULTS

**For Lab Use Only:** Condition on Arrival \_\_\_\_\_

Results: Serum \_\_\_\_\_ (titer \_\_\_\_\_) Semen: VI \_\_\_\_\_ PCR \_\_\_\_\_

Other (Specify) \_\_\_\_\_

Comments \_\_\_\_\_

Date Reported \_\_\_\_\_ Signature \_\_\_\_\_