



# OIE Reference Center for Equine Viral Arteritis

|                          |
|--------------------------|
| Accession # _____        |
| Received _____           |
| Results Entered by _____ |

Contact Information:

**Dr. P. Timoney, (859) 218-1094**  
**Dr. U. Balasuriya, (859) 218-1124**  
**Ms. K. Shuck, (859) 218-1170**

## UNIVERSITY OF KENTUCKY

Department of Veterinary Science  
 Gluck Equine Research Center, **Rm. 444**  
 Lexington, KY 40546-0099  
 Ph. (859) 257-4757; FAX (859) 257-8542

### 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 \_\_\_\_\_

(for contact purposes only)

**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 \_\_\_\_\_