

# Oklahoma Animal Disease Diagnostic Laboratory

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## EQUINE PIROPLASMOSIS SUBMISSION FORM

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN			
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated below.			
Owner Name		OADDL Account #	USDA Accreditation #
Owner Address		Veterinarian Name (Printed)	
City	State	Zip	Clinic Name
Owner Phone #	Stable/Trainer Phone #		Address
Stable/Trainer Name		City	State Zip
Stable/Trainer Address		Clinic Phone #	
City	State	Zip	Clinic Email
<b>Bill to:</b>	Veterinarian	Owner	<b>Method:</b> Email Mail (\$3 fee applies)
<b>Report to:</b>	Veterinarian	Owner	
<b>REASON FOR TEST:</b>	INTERSTATE TRAVEL	BREED/RACE/SHOW/SALE	CLINICAL ILLNESS* EXPORT*
* Clinical Illness and Export samples will be forwarded to NVSL			
<b>TEST REQUESTED</b>	T. equi	B. caballi	<b>DATE BLOOD DRAWN (MM/DD/YYYY)</b>
<b>TUBE NO.</b>	<b>NAME OF HORSE</b>		<b>PERMANENT ID: BRAND/MICROCHIP/TATTOO</b>
<b>COLOR</b>	<b>BREED</b>	<b>DOB or AGE</b>	<b>SEX</b> STALLION GELDING MARE
<b>SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS</b>			
1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock			
NARRATIVE DESCRIPTION AND REMARKS			
<b>HEAD</b>		<b>OTHER MARKINGS AND BRANDS</b>	
<b>LEFT FORELIMB</b>		<b>RIGHT FORELIMB</b>	
<b>LEFT HINDLIMB</b>		<b>RIGHT HINDLIMB</b>	
LABORATORY USE ONLY			
<b>Receipt Record</b> <input type="checkbox"/> Postage Due: _____ <input type="checkbox"/> Mail-post mark _____	<input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> Courier <input type="checkbox"/> Vet <input type="checkbox"/> Owner <input type="checkbox"/> Other	<b>Receipt Condition</b> <input type="checkbox"/> Good <input type="checkbox"/> Broken <input type="checkbox"/> Cold Pack <input type="checkbox"/> Leaked <input type="checkbox"/> Frozen <input type="checkbox"/> No Refrigeration	<b>Samples Rec'd/Opened By:</b>  Lab Assignment: Serology