

Louisiana Animal Disease Diagnostic Laboratory

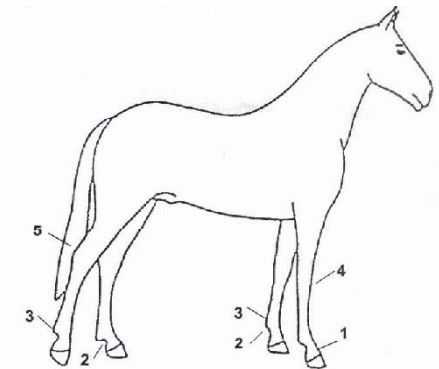
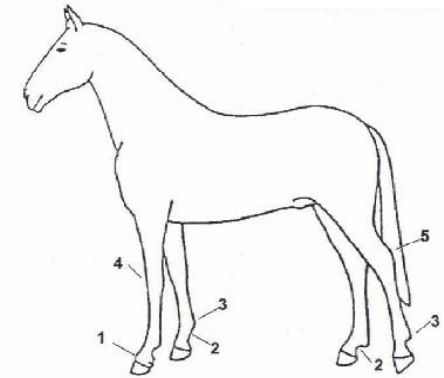
Louisiana State University
 River Road, Rm. 1043, Baton Rouge, LA 70803
 Phone: 225-578-9777 Fax: 225-578-9784 Website: www.laddl.org



Equine Piroplasmosis Reporting Form

NAME AND ADDRESS OF OWNER (Please type or print) Name _____ Address _____ City _____ State _____ Zip _____ Phone _____		DATE BLOOD DRAWN _____	ACCESSION NUMBER _____
NAME AND ADDRESS OF STABLE / MARKET (Please type or print) Name _____ Address _____ Parish/County _____ Zip _____		REASON FOR TESTING <input type="checkbox"/> Annual <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Track <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export	
CERTIFICATION OF OWNER OR AGENT I certify that I have examined this form, and to the best of my knowledge and belief, this form is true, correct and complete.			
_____ Signature of Owner or Owner's Agent			
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 above.			
NAME AND ADDRESS OF VETERINARIAN (Please type or print) Name _____ Address _____ City _____ State _____ Zip _____		Signature of Federally Accredited _____ Veterinarian Telephone: _____ USDA Accreditation Number _____ Signature Date _____ Veterinarian e-mail: _____	
Tube No. _____	Permanent ID: Brand/Microchip/Tattoo _____		
Breed _____	Color _____	DOB (y,m) or Age _____	Sex <input type="checkbox"/> Stallion <input type="checkbox"/> Gelding <input type="checkbox"/> Mare
NARRATIVE DESCRIPTION AND REMARKS			
Head _____		Other markings and brands _____	
Left Forelimb _____		Right Forelimb _____	
Left Hindlimb _____		Right Hindlimb _____	

Do not apply adhesive to tubes.



SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS AND SCARS

- 1 - Coronet
- 2 - Pastern
- 3 - Fetlock
- 4 - Knee
- 5 - Hock

FOR LABORATORY USE ONLY

Laboratory Name/city/state Louisiana Animal Disease Diagnostic Laboratory Baton Rouge, LA 70803	Date received _____ Signature of Technician _____	Date Reported out _____	<input type="checkbox"/> C-ELISA Results T. equi Results B. caballi <input type="checkbox"/> Positive <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Negative
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