

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



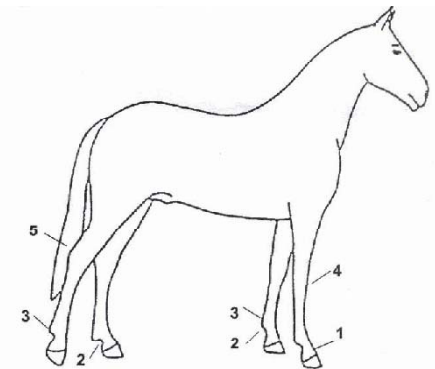
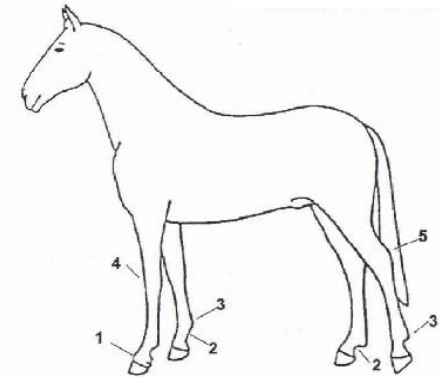
DIAGNOSTICS

LSU SCHOOL OF VETERINARY MEDICINE

Equine Piroplasmosis Reporting Form

NAME AND ADDRESS OF OWNER (Please type or print)		DATE BLOOD DRAWN	ACCESSION NUMBER
Name _____		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	
Address _____			
City _____ State _____ Zip _____ Phone _____			
NAME AND ADDRESS OF STABLE / MARKET (Please type or print)		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	
Name _____			
Address _____ Parish/County _____ Zip _____		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)		Signature of Federally Accredited _____	
Name _____		Veterinarian Telephone: _____	
Address _____		USDA Accreditation Number _____ Signature Date _____	
City _____ State _____ Zip _____		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	Date received	Date Reported out	<input type="checkbox"/> C-ELISA
Louisiana Animal Disease Diagnostic Laboratory Baton Rouge, LA 70803	Signature of Technician _____		Results T. equi Results B. caballi
			<input type="checkbox"/> Positive <input type="checkbox"/> Positive
			<input type="checkbox"/> Negative <input type="checkbox"/> Negative