

Sample Submission Form SarcoFluor[™], NeoFluor[™], ToxoFluor[™] Testing (EPM & Toxo)

SarcoFluor™, NeoFluor™, and ToxoFluor™ sample requirements: Serum (1mL min.) in a red top tube and/or a clean cerebrospinal fluid (CSF) tap (1mL min.). CSF fluid analysis sample requirements: CSF (1mL min.) in a red top tube (no anticoagulant). Sample processing: Spin blood and separate serum to a new, clean tube. Shipping in serum separator tubes is not recommended. DO NOT spin CSF. A handling fee will be assessed for unprocessed or improperly processed blood samples. Shipping: Ship FedEx or UPS with a cold pack Monday-Thursday only for overnight delivery to the address below. UC Davis VMTH, Central Laboratory Receiving, Room 1033, 1 Garrod Drive, Davis, CA 95616 Phone: (530)752-VMTH (8684) Fax: (530)752-5055 Email: UCDVetClinicalLabs@ucdavis.edu For more information and our most current submission form, visit our website: www.vetmed.ucdavis.edu/clinical-laboratory **Tests Requested** Check the test(s) requested. If no selections are made, an IFAT panel (SarcoFluor[™] & NeoFluor[™]) will be run. Ratio results are available only if serum AND CSF are submitted simultaneously SarcoFluor[™] only **IFAT Panel:** SarcoFluor[™] & NeoFluor[™] **STAT:** results within 3 days. NeoFluor[™] only Additional Fee applies. **ToxoFluor**[®] CSF Fluid Cell Count & Protein (recommended with CSF submissions) Serum Collection Date **CSF** Collection Date Serum Storage Method Refrigerated Frozen CSF Site CSF Storage Method Refrigerated Ship Date **Patient Information** Breed Name/ID DOB Sex Mare Stallion Gelding Use Stable Location City/State **Owner Name Submitting Veterinarian Information** Clinic Address Clinic name Veterinarian name VMTH Client ID Phone Fax Email Preferred method of results reporting. (If no choice is made, results are emailed.) Email Fax **Clinical History** (1) Check all clinical signs observed Muscle atrophy Lameness Behavior change Hind limb ataxia (grade)

Facial paralysis Head tilt	Seizures Circling		Hypermetria Weakness	Fore limb ataxia (grade) Central blindness)
(2) Duration of clinical signs	\$?			Other (describe)	
(3) Has horse been treated for EPM?		No	Unknown	Yes (date & duration)	
(4) Vaccinated against	rabies? West Nile?	No No	Unknown Unkown	Yes (date) Yes (date)	
(5) Have cervical radiographs or myelogram been done?			No	Yes (if so, attach report or finding)	
(6) Additional information:					

Rev: 9/2024 Biological samples submitted to the VMTH Clinical Diagnostic Laboratories may be used for VMTH teaching and research purposes consistent with the mission of the University.