



EQUINE ENCEPHALITIS SAMPLE SUBMISSION FORM

PENNSYLVANIA DEPARTMENT OF AGRICULTURE,
 PENNSYLVANIA VETERINARY LABORATORY
 2305 North Cameron Street, Harrisburg PA 17110-9449
 PHONE: (717) 787-8808 / FAX: (717) 772-3895

Lab Use Only Accession #: Date Received:

Veterinarian: Clinic Address City, state, zip Phone Fax Email	Owner: Address City, state, zip Phone Fax Email
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Animal Information:			
<u>Animal ID</u>	<u>Breed</u>	<u>Age</u>	<u>Sex</u>
Travel history within last month:			
Test(s) requested:			

Clinical Signs (check all that apply):

Date of Onset:

<input type="checkbox"/> Ataxia	<input type="checkbox"/> Front	<input type="checkbox"/> Rear
<input type="checkbox"/> Down, unable to rise		
<input type="checkbox"/> Down, able to rise with assistance		
<input type="checkbox"/> Circling	<input type="checkbox"/> Left	<input type="checkbox"/> Right
<input type="checkbox"/> Hypermetric		
<input type="checkbox"/> Hypersensitive around head		
<input type="checkbox"/> Muzzle twitching		
<input type="checkbox"/> Muscle fasciculations		
<input type="checkbox"/> Proprioceptive deficits		
<input type="checkbox"/> Fever	Temp:	Date:
<input type="checkbox"/> Other:		

Sample(s) collected:
 Date collected: Submitted to:
 Was a postmortem exam done? Yes No

Medications/Treatment:

<input type="checkbox"/> Analgesics	<input type="checkbox"/> Tranquilizers
<input type="checkbox"/> IV fluids	<input type="checkbox"/> Other:

Response to Treatment:

<input type="checkbox"/> Good	<input type="checkbox"/> Poor	<input type="checkbox"/> None
<input type="checkbox"/> Alive	<input type="checkbox"/> Dead	

If dead, date of death:
 If euthanized, date of euthanasia:
 Convalescent sample collected: Date:

Other horses on premises: Number:
 Showing similar symptoms: Yes No

Vaccination Status: If checked, date of last vaccine:

<input type="checkbox"/> WNV	Date:
<input type="checkbox"/> EEE/WEE	Date:
<input type="checkbox"/> Rabies	Date:
<input type="checkbox"/> EHV	Date:
<input type="checkbox"/> Lyme	Date:
<input type="checkbox"/> Tetanus	Date:
<input type="checkbox"/> EPM	Date:

Questions?

Contact Dr. Nan Hanshaw at (717) 772-2852

This information will be added to that collected by Other states and will be submitted to the USDA.

NOTE: If possible, please collect and submit a convalescent serum sample from recovering WNV-positive horses 2-6 weeks following the initial sample submission.