

# Request Form

Laboratory Testing for Horses: Exportation, Infectious Diseases, Breeding Hygiene



••• ist gut!

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Receipt stamp (Labor Dr. Böse)

## Horse

Name: .....  
Life Number (UELN): .....  
Chip Number: .....  
Date of Birth: .....  
Sex: .....  
Colour: .....

## Sample

Date of sampling: .....  
Time of sampling: .....  
Type of specimen:  
 Serum                       Swab: .....  
 Whole blood                 Native material: .....  
 EDTA blood/plasma         Biopsy: .....  
 Citrated blood/plasma     Cytology smear: .....  
 Sodium fluoride blood     Others: .....  
 Blood smear  
 Blood culture flask

## Report

Original report to: .....  
Copy report to: .....

## Equipment for sampling and shipment (free of charge)

- |   |   |
|---|---|
| <input type="checkbox"/> Request forms                                    | <input type="checkbox"/> Cytobrushes (Cy)                           |
| <input type="checkbox"/> Mailing envelopes                                | <input type="checkbox"/> Blood culture media for aerobes (BC a)     |
| <input type="checkbox"/> Cool box   | <input type="checkbox"/> Blood culture media for anaerobes (BC ana) |
| <input type="checkbox"/> Mailing containers (for blood tubes)             | <input type="checkbox"/> Serum tubes (S)                            |
| <input type="checkbox"/> Mailing containers (for slides)                  | <input type="checkbox"/> EDTA tubes (EB)                            |
| <input type="checkbox"/> Swabs, Amies transport medium with charcoal (SC) | <input type="checkbox"/> Sodium fluoride tubes (SF)                 |
| <input type="checkbox"/> Swabs, without transport medium "dry" (SD)       | <input type="checkbox"/> Citrate tubes 1:10 (CP 1:10)               |
| <input type="checkbox"/> Swabs, transport medium for anaerobes (SA)       |   |

## Sender

Customer Number (if available): .....  
Name: .....  
Street: .....  
Post code, residence: .....  
Country: .....  
Phone: .....  
Fax: .....  
eMail: .....  
Date, Signature: .....

## Owner

Customer Number (if available): .....  
Name: .....  
Street: .....  
Post code, residence: .....  
Country: .....  
Phone: .....  
Fax: .....  
eMail: .....

## Invoice recipient

New customer account (excl. surgeries and clinics) € 4,00 net

Customer Number (if available): .....  
Name: .....  
Street: .....  
Post code, residence: .....  
Country: .....  
Phone: .....  
Fax: .....  
eMail: .....

Credit card  Visa  Master/Euro  American Exp.  Diners

Credit card holder: .....

Card Number ..... Exp. date .....

Authorisation for further orders  Yes  No

Direct debit (Germany only) Account holder .....

Account Number ..... Bank code .....

Authorisation for further orders  Yes  No

Date, Signature: .....

March 2009, General terms and conditions of purchase order see [www.equilab.de](http://www.equilab.de)

# Export Testing

- Permanent export to: .....
- Temporary export to: .....
- Competition: .....

Material | € net

Material | € net

## Piroplasmosis (Th. equi and B. caballi)

- C-ELISA, IFAT (e.g. USA) ..... S | 100
- CFT, IFAT ..... S | 90
- IFAT (screening) ..... S | 40
- Blood smears (Japan and others) ..... EB | 30

## Equine Infectious Anemia, EIA

- Coggins-Test ..... S | 18
- ELISA ..... S | 22

## Dourine

- CFT ..... S | 18

## Glanders

- CFT ..... S | 18

## Equine Viral Arteritis, EVA

- VNT ..... S | 22
- VI and PCR from semen ..... Se | 4°C | 24h | 55

## Leptospirosis

- MAT ..... S | 22

## Salm. abortus equi (e.g. Japan, Korea)

- SAT ..... S | 22

## Salm. typhimurium (e.g. Taiwan)

- Culture ..... F25g | 30

## Vesicular stomatitis (Serotypes Indiana and New Jersey)

- VNT\* ..... S | 70

## Equine Herpes Virus Type 1, EHV 1

- VNT ..... S | 22
- PCR ..... SD | 4°C | 24h | 25

## Equine Herpes Virus Type 4, EHV 4

- VNT ..... S | 22
- PCR ..... SD | 4°C | 24h | 25

## Equine Influenza (A equi I, II europ. and americ. Type)

- HI ..... S | 27
- PCR ..... SD | 4°C | 24h | 25

## Surra (T. evansi)

- Microscopic detection ..... EB | 36

## African Horse Sickness

- C-ELISA ..... S | 35

## West Nile Virus, WNV

- ELISA IgM ..... S | 35
- ELISA IgG ..... S | 35

## Ehrlichiosis (A. phagocytophilum)

- IFAT ..... S | 22

## Contagious Equine Metritis, CEM

€ net / swab

- Culture 14 days (e.g. Canada) ..... SC | 4°C | 24h | 28
- Culture 7 days (e.g. USA) ..... SC | 4°C | 24h | 25
- PCR (screening) ..... SC | 4°C | 24h | 20

### Stallion

### Mare

- |  |  |
|--|--|
| <p><b>Culture 14 days</b></p> <p><b>Culture 7 days</b></p> <p><b>PCR</b></p> <p><input type="checkbox"/> Fossa glandis</p> <p><input type="checkbox"/> Sinus urethralis</p> <p><input type="checkbox"/> Surface of prepuce</p> <p><input type="checkbox"/> Pre-ejaculatory fluid</p> <p><input type="checkbox"/> Semen</p> | <p><b>Culture 14 days</b></p> <p><b>Culture 7 days</b></p> <p><b>PCR</b></p> <p><input type="checkbox"/> Fossa clitoridis</p> <p><input type="checkbox"/> Sinus clitoridis med.</p> <p><input type="checkbox"/> Sinus clitoridis lat.</p> <p><input type="checkbox"/> Cervix</p> <p><input type="checkbox"/> Endometrium</p> |
|--|--|

## Additional tests, comments

# Prepurchase Examination

## Haematology and Clinical Chemistry

Material | € net

- Complete blood count and clinical blood chemistry ..... EB 24h | + Sm(2x) | + S + SF (glucose, lactate) | 24

## Drug Screening\*

- NSAIDs, plasma cortisol level, synth. corticosteroids, tranquilizers, local anaesthetics ..... S 10ml | 160

## List of abbreviations

- |  |  |   |  |
|--|--|---|--|
| <p><b>Ab</b>   Antibody</p> <p><b>Ag</b>   Antigen</p> <p><b>BC a</b>   Blood culture for aerobes</p> <p><b>BC ana</b>   Blood culture for anaerobes</p> <p><b>BE</b>   Bacteriological Examination</p> <p><b>CB</b>   Citrated blood</p> <p><b>CF</b>   Cerebrospinal Fluid</p> <p><b>CFT</b>   Complement Fixation Test (Ab)</p> | <p><b>CP 1:10</b>   Plasma from CB 1:10</p> <p><b>Cy</b>   Cytobrush</p> <p><b>EB</b>   EDTA blood</p> <p><b>ELISA</b>   Enzyme Linked Immunosorbent Assay</p> <p><b>F25g</b>   Faeces, 25g min.</p> <p><b>HI</b>   Haemagglutination Inhibition (Ab)</p> <p><b>IFAT</b>   Immunofluorescent Antibody Test (Ab)</p> <p><b>MAT</b>   Microagglutination Test (Ab)</p> <p><b>N</b>   Native Material</p> | <p><b>PCR</b>   Polymerase Chain Reaction (Ag)</p> <p><b>Rt</b>   Room temperature</p> <p><b>S</b>   Serum</p> <p><b>SA</b>   Swab, transport medium for anaerobes</p> <p><b>SAT</b>   Slow Agglutination Test (Ab)</p> <p><b>SC</b>   Swab, Amies transport medium with charcoal</p> <p><b>Scr</b>   Skin Scraping</p> <p><b>SD</b>   Swab, without transport medium "dry"</p> <p><b>Se</b>   Semen (native)</p> | <p><b>SF</b>   Sodium fluoride blood</p> <p><b>Sm</b>   Smear</p> <p><b>U</b>   Urine</p> <p><b>VI</b>   Virus Isolation (Ag)</p> <p><b>VNT</b>   Virus Neutralisation Test (Ab)</p> <p><b>24h</b>   Overnight shipment</p> <p><b>4°C</b>   Refrigerated shipment</p> <p><b>-20°C</b>   Frozen shipment</p> <p>*   performed by an accredited partner laboratory</p> |
|--|--|---|--|