



# Pathogenes Inc

15471 NW 112<sup>th</sup> Ave.  
Reddick, FL 32686

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## Equine Submission and Consultation Form

Test(s) Request ☐ *S. neurona*: SAG 1, 5, 6 ☐ CRP: C-reactive Protein ☐ *S. fayeri* ☐ Neurofilament  
☐ Neospora ☐ Sidewinder: MPP;MP2 ☐ Lyme Screen ☐ Consider for Field Trial

### VETERINARIAN INFORMATION

Vet Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Referral: Include my practice for referral

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Vet Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ANIMAL INFORMATION

Animal Name: \_\_\_\_\_ Age: \_\_\_\_\_

Breed, Sex: \_\_\_\_\_ Weight: \_\_\_\_\_

### ANIMAL EVALUATION

1) Assign a neurologic score: ☐ 0 normal ☐ 1 light ☐ 2 mild ☐ 3 moderate ☐ 4 severe ☐ 5 down

2) *Polyneuritis equi* (PNE) (need 4 for trial) Tail Paresis Anal Analgesia Dribbles urine or fecal retention Ear Droop Can't blink Hemiparesis/sidewinding

2) What other neurologic deficits were observed? ☐ Behavior ☐ Seizure ☐ Stringhalt ☐ Muscle Atrophy ☐ Cranial Nerve

3) How long has this animal shown signs of EPM? \_\_\_\_\_/days \_\_\_\_\_/weeks \_\_\_\_\_/months

4) Is this animal currently on treatment? ☐ Yes ☐ No

5) Has this animal been previously treated for EPM? ☐ Yes ☐ No

If Yes, select treatment(s): ☐ Orogin ☐ NeuroQuel ☐ Decoquinat ☐ Marquis ☐ Protazil ☐ Compounded

### PAYMENT INFORMATION

SAG 1, 5, 6 serotype	CRP	Lyme Screen	<i>S. fayeri</i>	Neospora	MPP/MP2	Neurofilament
\$50	\$28	\$30	\$35	\$45	\$65	\$75

If Owner, please provide phone number and email.

Name on Card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ CSC #: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

To send samples with this form **USPS**: Pathogenes - P. O. Box 970, Fairfield, FL 32634 **RUNS WHEN WE RECEIVE THE SAMPLE**

To send samples with this form through **FedEx** or **UPS**: Pathogenes - 15471 NW 112th Avenue, Reddick, FL 32686

Service Agreement: By submitting this form to Pathogenes, it is considered a retainer for Dr. Siobhan P. Ellison's consultant services. Consulting services will be initiated following the receipt of this submission form with a test sample, signed by the Veterinarian. This agreement entitles you to participate in discussions about the case, the bioassay results, and the clinical signs of disease with Dr. Siobhan P. Ellison. The veterinarian listed above has a valid client patient relationship as defined in 21 CFR 530.3(i).

### For Office Use Only

Lab ID #:	SAG Results:	Date Invoiced:
		Amount Invoiced:
		Payment by: CC <input type="checkbox"/> Check <input type="checkbox"/>