

Laboratory Sample Submission Form

Sample information

Name of submitting lab.....

Date sample(s) taken.....

Sample type (NP swab/nasal swab etc).....

Sample submitted:

- original sample
- extracted sample
- sample in LAMP media
- other - please specify.....

Submitting lab sample reference number.....

Test(s) conducted (i.e. qPCR/iiPCR/LAMP).....

Sample positive for.....

CT value/CT cut off value/Copy no. (delete as appropriate)

Case details

Horse Name.....

Age/DOB.....

Gender: mare/filly
 gelding
 stallion/colt

Breed/type.....

Premises location (county).....

Attending veterinary surgeon

Vet name.....

Practice name.....

Please send positive samples to:
Viral Isolate Library
C/O Rosssdales Laboratories,
High Street, Newmarket,
Suffolk
CB8 8JS

Samples received will be stored in the viral isolate library and will be used for anonymised research purposes

Epidemiological outbreak information for this sample should be provided by the attending veterinary surgeon, through the completion of the Epidemiological Information submission form. Attending veterinary surgeons can also contact Equine Infectious Disease Surveillance for outbreak advice.

Email: equinesurveillance@gmail.com