

Laboratory Sample Submission Form

Sample information

Name of submitting lab.....
Sample type(s) submitted.....
Date sample(s) taken.....
Date sample(s) received by lab.....
Submitting lab sample reference number.....
Date sample confirmed positive.....
Test(s) conducted (i.e. qPCR/iiPCR/LAMP).....
CT value/CT cut off value/Copy no. (delete as appropriate) of.....

Case details

Horse Name.....
Age/DOB.....
Gender mare/filly
 gelding
 stallion/colt
Breed/type.....
Premises location (county).....

Attending veterinary surgeon

Vet name.....
Practice name.....
Practice address.....
.....
Telephone.....
Email.....

Please send positive samples to:
Viral Isolate Library
C/O RosSDales 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