



OIE Reference Center for Equine Viral Arteritis

Accession # SR-12212
 Received 5-18-10
 Results Reported by df

Contact Information

Dr. P. Timoney, ext. 8404
 Dr. U. Balasubrah, ext. 81124
 Mr. K. Knuck, ext. 81170

UNIVERSITY OF KENTUCKY

Department of Veterinary Science
 Clark Equine Research Center, Box 444
 Lexington, KY 40546-0099
 Ph. (606) 257-4757; FAX (606) 257-8502

EVA Submission Form (Please print or type all information)

Veterinarian RICHARD GRIFFIN
 Address PO BOX 764
SIMPSONVILLE KY 40067

Owner TRIPLE C RANCH LLC
 Address 7605 SMITHFIELD RD
SMITHFIELD KY 40068

Phone (606) 722-3079
 FAX (606) 722-0835

Phone (606) 845-9740
 Location of Horse SAME

Please check if requesting herd sample (85 fee)
 E-Mail Address rggriffin@dogshospital.com E-Mail Address triplec@triplecranchllc.com

Signature of Submitting Veterinarian Richard Griffin

All requested information must be provided to ensure receiving laboratory results

Animal Information

Animal's Registered Name CARIBBEAN TALKDOWN Breed AQHA
 Stallion Mare Colt Filly Gelding (check one) DOB 5/20/2008 Extra/ID# 5191080
 Vacc. against EVA? Yes (date(s)) _____) No

SPECIMENS		BASIS FOR TEST	
Type of Specimen	Date Collected	Diagnostic Purpose	
Serum <input checked="" type="checkbox"/>	<u>5/12/10</u>	Report Animal <input type="checkbox"/>	Swabs <input type="checkbox"/>
Semen <input type="checkbox"/>		Country _____	
Blood EDTA <input type="checkbox"/>		Pre-Vaccination Screen <input type="checkbox"/>	
Swabs <input type="checkbox"/>		Breed Registration <input type="checkbox"/>	
Feces <input type="checkbox"/>		Routine Screening <input checked="" type="checkbox"/>	BIF TEST
Age/Dam/Spec <input type="checkbox"/>		Pre-Purchase Screen <input type="checkbox"/>	
Placenta <input type="checkbox"/>		Surveillance <input type="checkbox"/>	
Other <input type="checkbox"/>			
Specify _____			

History (clinical signs, duration, etc., if applicable)

LABORATORY RESULTS

For Lab Use Only: Condition on Arrival OK

Results: Serum Negative (titer < 1:4) Semen: VI _____ PCR _____

Other (Specify) _____

Comments _____

Date Reported 5/21/10 Signature P. Timoney