

Clinical Diagnostic Laboratory Equine Blood Typing & Antibody Screen Submission Form

All fields of this form are required, unless otherwise indicated. Submit form along with laboratory samples. Ship samples <u>FedEx</u> overnight, <u>Monday-Thursday only</u>. Check our website for most up-to-date information, including turnaround times and shipping conditions. www.vetmed.ucdavis.edu/vmth/lab_services/clinical_labs

UC Davis VMTH, Central Laboratory Receiving Attn: Hematology, Room 1033 1 Garrod Drive, Davis, CA 95616-8747 (530) 752-VMTH (8684), fax (530) 752-5055

Referring Clinic Information

Phone Owner/Clinic name Email Address Referring Clinician Fax VMTH Client ID (if known) Preferred reporting method (select one; results emailed unless otherwise indicated) ___email ___ fax **Laboratory Testing Information** Test type requested Sample to send Date samples collected __ Antibody screen* 2mL serum minimum** **Additional comments** __ Blood typing 5mL EDTA or ACD __ Blood donor 2mL serum & 5mL EDTA or ACD __Y __N Stallion's blood included for crossmatch with mare (EDTA) * Test results are valid 2 weeks before foaling For test questions, please call (530) 752-1303 ** Antibody screen using mare's serum **NI Antibody Screen** Blood Horse ID **Breed** Sex Type Previous Mare bred Confirmed Expected NI** (date foal foaling confirmed to donkey? Compatibility date* ΝIŝ was born) Mare/stallion Yes Yes __M Yes __S __G No No No Μ Yes Yes Yes __s G No No No ___ Yes _ Yes __M __ Yes __S __G __ No __ No _ No _M ____ Yes ____ Yes ___ Yes __\$ __G No No No ____ Yes __M __ Yes ___ Yes __s __G _ No __ No __ No

__M

_S G _ Yes

_ No

_ Yes

__ No

_ Yes

__ No