



**EQUINE ENCEPHALITIS SAMPLE SUBMISSION FORM**

PENNSYLVANIA DEPARTMENT OF AGRICULTURE,  
 PENNSYLVANIA VETERINARY LABORATORY  
 2305 North Cameron Street, Harrisburg PA 17110-9449  
 PHONE: (717) 787-8808 / FAX: (717) 772-3895

<b>Lab Use Only</b>  <b>Accession #:</b>   <b>Date Received:</b>
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<b>Veterinarian:</b> Clinic Address City, state, zip Phone Fax Email	<b>Owner:</b> Address City, state, zip Phone Fax Email
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<b>Animal Information:</b>			
<u>Animal ID</u>	<u>Breed</u>	<u>Age</u>	<u>Sex</u>
Travel history within last month:			
Test(s) requested:			

<b>Clinical Signs (check all that apply):</b>			
Date of Onset:			
Ataxia	Front	Rear	
Down, unable to rise			
Down, able to rise with assistance			
Circling	Left	Right	
Hypermetric			
Hypersensitive around head			
Muzzle twitching			
Muscle fasciculations			
Proprioceptive deficits			
Fever	Temp:	Date:	
Other:			
<b>Sample(s) collected:</b>			
Date collected:	Submitted to:		
Was a postmortem exam done?	Yes	No	
<b>Medications/Treatment:</b>			
Analgesics	Tranquilizers		
IV fluids	Other:		
<b>Response to Treatment:</b>			
	Good	Poor	None
	Alive	Dead	
If dead, date of death:			
<b>If euthanized, date of euthanasia:</b>			
Date convalescent sample collected:			
Number of horses on premises:			
Number showing similar symptoms:			

<b>Vaccination Status:</b>	If checked, date of last vaccine:
WNV	Date:
EEE/WEE	Date:
Rabies	Date:
EHV	Date:
Lyme	Date:
Tetanus	Date:
EPM	Date:

<b>Questions?</b>  Contact Dr. Nan Hanshaw at (717) 772-2852  <b>NOTE:</b> If possible, please collect and submit a convalescent serum sample from recovering WNV-positive horses 2-6 weeks following the initial sample submission.
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