Pathogenes Inc

Siobhan P. Ellison DVM PhD

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Test(s) Requested:			
☐ **EPM: SAG 1, 5, 6**	☐ **CRP: C-reactive Protein**	☐ **Screen: Lyme**
☐ ***Neospora***	☐ **Sidewinder: MPP; MP2**	☐ ***S. Fayeri***

VETERINARIAN INFORMATION

Vet Name: _____ **Date**: _____

Address: _____ Phone: _____

City, State, Zip: _____ email: _____

Vet Signature: _____ Fax: _____

ANIMAL INFORMATION

Animal Name: _____ Age: _____

Breed: _____ Weight: _____

ANIMAL EVALUATION

	Normal No Signs	**Light** Deficit	**Mild** Deficit	**Moderate** Deficit	**Severe** Deficit	**Recumbent** & Unable to rise
1) Assign a neurologic **Gait Score**:	☐ **0**	☐ **1**	☐ **2**	☐ **3**	☐ **4**	☐ **5**

2) What neurologic deficits were observed? ☐ Behavior ☐ Seizure ☐ Stringhalt ☐ Muscle Atrophy ☐ Cranial Nerve

3) How long has this animal shown signs of EPM? _____/days _____/weeks _____/months

4) Is cerebrospinal fluid (CSF) available? ☐ Yes ☐ No

5) Is Lyme disease on the diagnosis list? ☐ Yes ☐ No

6) Is this animal currently on treatment? ☐ Yes ☐ No

7) Has this animal been previously treated for EPM? ☐ Yes ☐ No

If **Yes**, select treatment(s): ☐ Orogin ☐ NeuroQuel ☐ Decoquinate ☐ Marquis ☐ Diclazuril

Treatment date: _____ _____ _____ _____ _____

PAYMENT INFORMATION

	SAG 1, 5, 6	**CRP**	**Lyme Screen**	**S. Fayeri**	***Neospora***	**MPP/MP2**
Prepaid Price by Check:	$38	$20	$25	$30	$40	$60
Price by Credit Card:	$45					

Credit Card #: _____ Exp. Date: _____

Billing Address: _____ Billing Zip: _____

Send this form with sample to: 2 day mail (USPS) to: Pathogenes - PO Box 970, Fairfield, FL 32634
2 day mail (FedEx) to: Pathogenes - 15471 NW 112th Ave, Reddick, FL 32686

Service agreement: By submitting this form to Pathogenes it is considered a retainer for Dr. Siobhan P. Ellison's consultant services. Consulting services will be initiated following the receipt of this submission form with a test sample, signed by the veterinarian. This agreement entitles you to participate in discussions about the case, the bioassay results, and the clinical signs of disease with Dr. Ellison. The veterinarian listed above has a valid client patient relationship as defined in 21 CFR 530.3(i).

For Office Use Only		
Lab ID #:	Results:	Results: Email Phone Fax
		Invoiced:
		Payment: Check CC