



ANALYSIS REQUEST FORM: Horses – Donkeys

A. ADMINISTRATIVE INFORMATION	Your reference:	Dossier nr.:
Veterinarian: name and surname (stamp) Order affiliation nr.: Email:	Inspector FASFC: name Local Control Unit (LCU):	

Holder:

surname _____ first name _____

street _____ nr. _____

postal code _____ city _____

Submitted by:

Veterinarian
 FASFC/LCU
 Holder
 Lab / Other _____

Report results to:

Veterinarian
 FASFC/LCU
 Holder
 Lab / Other _____

Invoicing: Complete field 1 or field 2

<p><u>Field 1</u></p> <p>Invoice for the analyses in the name of:</p> <p> <input type="radio"/> Veterinarian <input type="radio"/> Holder <input type="radio"/> Laboratory <input type="radio"/> Other </p> <p>Client nr. (if known) _____</p> <p>name _____</p> <p>street _____</p> <p>nr. _____ postal code: _____</p> <p>city _____</p> <p>VAT _____</p> <hr/> <p><u>Field 2</u></p> <p>Analysis costs deducted via:</p> <p> <input type="radio"/> Contract with Sciensano (contract nr. or ref.) _____ <input type="radio"/> FASFC (Provided prior agreement by FASFC was given) </p>	<p>Motive of analysis request:</p> <p> <input type="radio"/> Diagnostic <input type="radio"/> Import: <input type="radio"/> Export: <input type="radio"/> Purchase / Sale <input type="radio"/> Outbreak <input type="radio"/> Certification / Qualification <input type="radio"/> Official program: Screening-Surveillance <input type="radio"/> Collection /Competition <input type="radio"/> Re-evaluation positive / non-interpretable result <input type="radio"/> Suspicion (suspect symptoms): </p> <p><input type="radio"/> Other:</p>
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B. SUBMITTED MATERIAL

Sampling date:

Nr. of samples:

Nr. of animals:

Species: Horse Donkey

Category: 1. Half-bred- 2.Draft horse- 3.Pony- 4.Purebred- 5.suckler cow- 6.mixed- 7.reproduction

* Complete in table "Identification of submitted material"; only use the number belonging to each category.

Type of material: non-coagulated blood serum milk embryo sperm feces feed organs (please specify): swab (please specify): bacterial strain (please specify): other (please specify):**Identification of submitted material:**

Nr	Animal ID	Other ID	Material	Date of birth / Age	Sex	Category *	Breed	External Reference
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

Horse – Donkey

In case a specific test \diamond is requested for a disease, please specify this in the designated column. In case the requested test/disease combination does not apply to all identified individuals, enter the “Nr.” specified in “Identification of submitted material” of each animal in the correct test/disease field(s).

Bacterial diseases		Molecular Test \diamond	Bacteriological Test \diamond	Serological Test \diamond	Antibiogram
<input type="checkbox"/> Metritis (CEM)	CEM				
<input type="checkbox"/> Chlamydiosis	CHL				
<input type="checkbox"/> Colibacillosis	COL				
<input type="checkbox"/> Glanders	GLA				
<input type="checkbox"/> Leptospirosis	LEP				
<input type="checkbox"/> Other:					

Typing of Salmonella and other bacterial strains (zoonotic) according to:

https://www.sciensano.be/sites/default/files/097form_11-vm-97-fdemande_de_tpage_des_souches_bacteriennes1028-03-2024.pdf

Viral diseases		Molecular Test \diamond	Virological Test \diamond	Serological Test \diamond
<input type="checkbox"/> African horse sickness	AHS			
<input type="checkbox"/> Aujeszky/ Pseudorabies	AUJ			
<input type="checkbox"/> Equine encephalitis (Eastern, Western, Venezuelian, Japanese)	EEE WEE VEE JEE			
<input type="checkbox"/> EHV 1	EHV			
<input type="checkbox"/> Anemia (infectious)	EIA			
<input type="checkbox"/> Encephalomyocarditis	EMC			
<input type="checkbox"/> Viral arteritis	EVA			
<input type="checkbox"/> Influenza	FLU			
<input type="checkbox"/> Stomatitis (vesicular)	VST			
<input type="checkbox"/> West Nile	WND			
<input type="checkbox"/> Other:				

Rabies diagnosis in animals according to:

https://www.sciensano.be/sites/default/files/form_13-3-74-fdemande_de_diagnostic_rage-animale707-09-2018.pdf

Parasitology

<input type="checkbox"/> Babesiosis (Piroplasmosis)	BAB	
<input type="checkbox"/> Dourine (Cover sickness)	DOU	
<input type="checkbox"/> Other:		

TSE

<input type="checkbox"/> Transmissible encephalopathy	TSE	
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<input type="checkbox"/> Electron microscopy:

◇ Main available methods:

- Molecular tests: genotyping, PCR, Real Time-PCR
- Bacteriological tests: isolation, identification, special staining, telling, antibiotics sensitivity test
- Virological tests: isolation, negative staining, immunofluorescence, Elisa Antigen, viral presence, hemadsorption
- Serological tests: seroneutralisation, antibody titration, hemagglutination inhibition, Elisa Antibody (gE, gB, indirect,...), complement binding reaction, Immunofluorescence, immunodiffusion, agglutination, Rose Bengal test.

These methods are not necessarily available for all diseases. In case of doubt, please consult the table in this link:
<https://www.sciensano.be/en/analysis-request/veterinary-analysis-request>

Date and signature of the requestor: <input type="radio"/> Veterinarian <input type="radio"/> FASFC/LCU <input type="radio"/> Lab / Other	<i>(Reserved for Sciensano. Do not fill out this field)</i>
	Date of reception: _____ signature: _____
	Time: _____
	State received: <input type="radio"/> T <input type="radio"/> C <input type="radio"/> F <input type="radio"/> O
	Assessment date: _____ signature: _____
	Time: _____
Request conform: <input type="radio"/> yes <input type="radio"/> no	
Registration date: _____ signature: _____	
Time: _____	