



**pNF-H sample requirements:** Serum in a red top tube and/or a clean cerebrospinal fluid (CSF) tap.  
**Sample processing:** Spin blood and **separate serum to a new, clean, tube**. Serum separator tubes are not recommended. DO NOT spin CSF. **A handling fee will be assessed for unprocessed or improperly processed blood samples**  
**Shipping:** Ship on a cold pack for overnight delivery, Monday-Thursday only, to the address below.  
 UC Davis VMTH, Central Laboratory Receiving, Room 1033, 1 Garrod Drive, Davis, CA 95616  
 530-752-VMTH (8684), fax 530-752-5055  
**For more information, visit our website: [www.vetmed.ucdavis.edu/clinical-laboratory](http://www.vetmed.ucdavis.edu/clinical-laboratory)**

**Sample Information**

# samples submitted with this form: \_\_\_ serum \_\_\_CSF

Serum collection date	CSF collection date and site
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**Patient Information**

Name	Age/DOB
Sex	Species
Breed	

**Owner Information**

Name	Address
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**Submitting Veterinarian Information**

Clinic name	Clinic Address
Veterinarian name	
Phone	VMTH Client ID
Fax	Email
Preferred method of results reporting. Choose one only; if no choice is made, results are faxed ___ Fax ___ Email	

**Clinical History**

- (1) Check all clinical signs observed
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Muscle atrophy   | <input type="checkbox"/> Trembling/muscle fasciculations   | <input type="checkbox"/> Hind limb ataxia (grade ___) |
| <input type="checkbox"/> Seizures         | <input type="checkbox"/> Weakness/paresis                  | <input type="checkbox"/> Forelimb ataxia (grade ___)  |
| <input type="checkbox"/> Behavior change  | <input type="checkbox"/> Cranial nerve deficits (describe) |   |
| <input type="checkbox"/> Other (describe) |  |   |

(2) Have cervical radiographs or myelogram been done? \_\_\_ No \_\_\_ Yes (if so, attach report or summarize findings)

(3) Has horse been tested for EPM? \_\_\_ No \_\_\_ Yes (if so, attach report or summarize findings)

(4) Have serum vitamin E concentrations been assessed? \_\_\_ No \_\_\_ Yes (if so, please provide result)

(5) Additional information: