



Biopsy / Blood Sample Submission Form

| | | | |
|------------------------------------------------------------------------------|--|--------------------------------------------|--|
| Veterinary Surgeon | | Owner Name | |
| Practice / Hospital Name | | Animal Name | |
| Address | | Species | |
| | | Breed | |
| | | Age | |
| Telephone | | Sex | |
| Fax | | Owner Address (Confidential) | |
| Email | | | |
| Muscle(s)/location biopsied | | Owner Tel (Confidential) | |
| | | Your case/PO number | |
| Date and time of biopsy | | Muscle groups affected | |
| Grant code (internal RVC only) | | Date of last episode (state if ongoing) | |
| CK activity (include date) | | AST activity (include date) | |
| Details (signs, frequency & duration) | | | |
| Further information/clinical history/diet/medication/other pertinent results | | | |
| Differential diagnosis | | Performance level/use/fitness | |

| Test | Turnaround time (approx.) | X | Test | Turnaround time (approx.) | X |
|-----------------------------------------|---------------------------|---|----------------------------------------------|---------------------------|---|
| Equine Full muscle panel | 15 working days | | Small animal Muscle or nerve profile | 28 days | |
| Equine PSSM1 DNA test (10ml EDTA blood) | Up to 30 days | | Small animal additional muscle/nerve | 28 days | |
| Organic acid profile (urine)* | 28 days | | Small animal Combined muscle & nerve profile | 28 days | |
| Acylcarnitine profile (Li hep plasma)* | 28 days | | | | |
| Plasma pyruvate & lactate** | 21 days | | Small animal AChR Ab (serum) | 28 days | |
| Additional pyruvate & lactate** | 21 days | | Small animal 2M Ab (serum) | 28 days | |

*if atypical myopathy is suspected please fill out the additional atypical myopathy form on website

**please note special handling and additional submission form required.

The Comparative Neuromuscular Disease Laboratory stores residual samples for future research purposes and the diagnostic prices we offer are heavily subsidised to reflect this. Consequently, we need your signature please confirming that the owner is aware that samples might be used for both clinical and research reasons. It will not be possible to identify vets, practices, owners or their animals in any published or presented work, and research studies are conducted according to institutional ethics and welfare approval. **Please note that there may be some delay if the form is not signed below.** The test results offered are accurate to the best of the knowledge of the RVC and its agents. The RVC shall not take responsibility for errors that have occurred due to inaccurate or insufficient data supplied by the Client. The RVC shall not take responsibility for the subsequent use the Client makes of the results offered herewith.

The owner of this animal gave permission for the collection of this/these samples for diagnostic and possible future research purposes.

Signature:

Print Name:

Date:

Lab use only:

| | | |
|---------------------------------------------|-------------------------------------------|---------------------------------------|
| Our Reference | Date received | Received by |
| CIC Person Freezing | CIC Time Frozen | |
| Icepacks <input type="checkbox"/> | Chilled <input type="checkbox"/> | Room temp <input type="checkbox"/> |
| Insulated box <input type="checkbox"/> | Sealed container <input type="checkbox"/> | Fresh sample <input type="checkbox"/> |
| Formalin sample <input type="checkbox"/> | Blood <input type="checkbox"/> | Urine <input type="checkbox"/> |
| Plasma <input type="checkbox"/> | Serum <input type="checkbox"/> | Hair <input type="checkbox"/> |
| Precipitated blood <input type="checkbox"/> | | |

Please enclose within a sealed plastic envelope and check our website for correct handling conditions for samples