



Vet Submission Form for Atypical Myopathy Samples

<b>Veterinary Surgeon:</b>			
<b>Practice / Hospital Name:</b>			
<b>Practice/Hospital Address:</b>			
<b>Telephone:</b>		<b>Email:</b>	
<b>Postcode of yard visited:</b>			
<b>Environment:</b> Please include brief details of pasture, stabling, grazing and diet			
<b>Sycamores present in/near pasture? Yes <input type="checkbox"/> No <input type="checkbox"/></b>			

	Horse 1	Horse 2	Horse 3
<b>Owner surname</b>			
<b>Horse name</b>			
<b>Age</b>			
<b>Sex</b>			
<b>Breed</b>			
<b>CK (if known)</b>			
<b>AST (if known)</b>			
<b>Clinical signs (tick all that apply)</b>	No clear signs <input type="checkbox"/> Muscle fasciculations <input type="checkbox"/> Cardiac arrhythmia <input type="checkbox"/> Dysphagia <input type="checkbox"/> Low head carriage <input type="checkbox"/> Myoglobinuria <input type="checkbox"/> Recumbency <input type="checkbox"/> Weakness <input type="checkbox"/>	No clear signs <input type="checkbox"/> Muscle fasciculations <input type="checkbox"/> Cardiac arrhythmia <input type="checkbox"/> Dysphagia <input type="checkbox"/> Low head carriage <input type="checkbox"/> Myoglobinuria <input type="checkbox"/> Recumbency <input type="checkbox"/> Weakness <input type="checkbox"/>	No clear signs <input type="checkbox"/> Muscle fasciculations <input type="checkbox"/> Cardiac arrhythmia <input type="checkbox"/> Dysphagia <input type="checkbox"/> Low head carriage <input type="checkbox"/> Myoglobinuria <input type="checkbox"/> Recumbency <input type="checkbox"/> Weakness <input type="checkbox"/>
<b>TPR</b>	Temp: Pulse: Respiration:	Temp: Pulse: Respiration:	Temp: Pulse: Respiration:
<b>Further relevant clinical history (inc previous episodes of suspected myopathy)</b>			
<b>Any vitamins given in last 48h?</b>	Y (please describe)/N/Don't know	Y (please describe)/N/Don't know	Y (please describe)/N/Don't know
<b>Tests required</b>	Serum HGA/MCPA-carnitine <input type="checkbox"/> Serum HGA/MCPA-carnitine & plasma acylcarnitines <input type="checkbox"/> Serum HGA/MCPA-carnitine & plasma acylcarnitines & urine organic acids <input type="checkbox"/>	Serum HGA/MCPA-carnitine <input type="checkbox"/> Serum HGA/MCPA-carnitine & plasma acylcarnitines <input type="checkbox"/> Serum HGA/MCPA-carnitine & plasma acylcarnitines & urine organic acids <input type="checkbox"/>	Serum HGA/MCPA-carnitine <input type="checkbox"/> Serum HGA/MCPA-carnitine & plasma acylcarnitines <input type="checkbox"/> Serum HGA/MCPA-carnitine & plasma acylcarnitines & urine organic acids <input type="checkbox"/>

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
Chilled <input type="checkbox"/> Room temp <input type="checkbox"/> Serum <input type="checkbox"/> Plasma <input type="checkbox"/> Urine <input type="checkbox"/>		