

Equine Lung Experts, LLC
Consulting Services

Bronchoalveolar Lavage (BAL) Cytology
Sample Submission Form

Referring Clinic Information

Clinic name: _____
Address Street: _____
City: _____ State: _____ Zip: _____

Referring clinician: _____ Phone: _____

Email: _____

I do hereby give permission to Purdue University, its agents, and others working under its authority, full and free use of BALF samples and data provided. I understand these samples and data may be used for research purposes after removing identification information. Yes ___ No ___

Horse information

Horse's name: _____ Owner's name: _____

Breed: _____ Sex: _____

Age (years) / DOB: _____ / _____ Zip of area where horse is housed: _____

Horse's use: _____

Clinical Information

Complaint: Cough: No ___ Yes ___ if YES: Occasional ___ Frequent ___
Increased respiratory efforts: No ___ Yes ___ if YES: Mild ___ Mod. ___ Severe ___
Poor performance: No ___ Yes ___
Other (specify): _____

History: _____

Comments: _____

BAL Information

Method used: Endoscope ___ or BAL tube ___ Collection date: _____

Volume infused (ml): _____ Volume recovered (ml): _____

BALF appearance: Color _____ Foam amount: Min. ___ Mod. ___ Abundant ___

Shipping information

Samples to ship: 5 ml BALF in plastic EDTA tube **on ice pack** AND 2 air-dried smear slides in Styrofoam box

Ship overnight to: Purdue University c/o Dr. Couetil; ELE, LLC; Lynn Hall, Room G408; 625 Harrison St.; West Lafayette, IN 47907

Ship all samples Monday – Thursday. Do not send overnight packages on Fridays or Thursdays before holiday weekends.

Contact information: Phone: (765) 427-5617; Email: equinelungexperts@gmail.com