



2019 EDCC Case Report Form

Email *

example@example.com

Submitter Name *

First Name Last Name

Submitter Title *

State Veterinarian, Private Practitioner, State Animal Health Official

Phone Number (For follow-up use only) *

Area Code Phone Number

Is the submitter a DVM? *

Yes

No

Source *

e.g. State Veterinary Office, Attending Veterinarian, Department of Agriculture

Is this an update for a previously reported case? *

Yes

No

Outbreak Information

Please provide all available information to ensure complete records and accurate reporting.

Disease *

Has a quarantine been established? *

Yes

No

Outbreak Status *

Facility Type

Location

City (optional)

County *

State/Canadian Province *

Total number of clinical cases (suspected and confirmed) *

Number of equines confirmed (tested and positive) *

Number of equines suspected (clinical but untested)

Number of equines affected and alive (confirmed or suspected)

Number of equines deceased (died due to disease)

Number of equines euthanized due to disease

Number of equines exposed (non-clinical) *

Do you have case information to report? *

Yes

No

Case #1

Is this case suspected or confirmed? *

Suspected (clinical but untested)

Confirmed (tested and positive)

Age, Breed, Gender- Case #1

Clinical signs observed

Please separate each clinical sign with a comma

Date of onset of clinical signs



Month Day Year

Status of horse

Diagnostic confirmation date



Month Day Year

If euthanized, please provide the date of euthanization



Month Day Year

Testing method

Sample Type

Test results

Would you like to submit an additional case? *

Yes

No

Case #2

Is this case suspected or confirmed? *

Suspected (clinical but untested)

Confirmed (tested and positive)

Age, Breed, Gender- Case #2

Clinical signs observed

Please separate each clinical sign with a comma

Date of onset of clinical signs



Month Day Year

Status of horse

Diagnostic confirmation date



Month Day Year

If euthanized, please provide the date of euthanization



Month Day Year

Testing method

Sample Type

Test results

Would you like to submit a third case? *

Yes

No

Case #3

Is this case suspected or confirmed? *

Suspected (clinical but untested)

Confirmed (tested and positive)

Age, Breed, Gender- Case # 3

Clinical signs observed

Please separate each clinical sign with a comma

Date of onset of clinical signs



Month Day Year

Status of horse

Diagnostic confirmation date



Month Day Year

If euthanized, please provide the date of euthanization



Month Day Year

Testing method

Sample Type

Test results

Do you have a fourth case to report? *

Yes

No

Case #4

Is this case suspected or confirmed? *

Suspected (clinical but untested)

Confirmed (tested and positive)

Age, Breed, Gender- Case #4

Clinical signs observed

Please separate each clinical sign with a comma

Date of onset of clinical signs



Month Day Year

Status of horse

Diagnostic confirmation date



Month Day Year

If euthanized, please provide the date of euthanization



Month Day Year

Testing method

Sample Type

Test results

Do you have a fifth case to report? *

Yes

No

Case #5

Is this case suspected or confirmed? *

Suspected (clinical but untested)

Confirmed (tested and positive)

Age, Breed, Gender- Case #5

Clinical signs observed

Please separate each clinical sign with a comma

Date of onset of clinical signs



Month Day Year

Status of horse

Diagnostic confirmation date



Month Day Year

If euthanized, please provide the date of euthanization



Month Day Year

Testing method

Sample Type

Test results

Do you have a sixth case to report? *

Yes

No

Case #6

Is this case suspected or confirmed? *

Suspected (clinical but untested)

Confirmed (tested and positive)

Age, Breed, Gender- Case #6

Clinical signs observed

Please separate each clinical sign with a comma

Date of onset of clinical signs



Month Day Year

Status of horse

Diagnostic confirmation date



Month Day Year

If euthanized, please provide the date of euthanization



Month Day Year

Testing method

Sample Type

Test results

Do you have a seventh case to report? *

Yes

No

Case #7

Is this case suspected or confirmed? *

Suspected (clinical but untested)

Confirmed (tested and positive)

Age, Breed, Gender- Case #7

Clinical signs observed

Please separate each clinical sign with a comma

Date of onset of clinical signs



Month Day Year

Status of horse

Diagnostic confirmation date



Month Day Year

If euthanized, please provide the date of euthanization



Month Day Year

Testing method

Sample Type

Test results

Do you have a eighth case to report? *

Yes

No

Case #8

Is this case suspected or confirmed? *

Suspected (clinical but untested)

Confirmed (tested and positive)

Age, Breed, Gender- Case #8

Clinical signs observed

Please separate each clinical sign with a comma

Date of onset of clinical signs



Month Day Year

Status of horse

Diagnostic confirmation date



Month Day Year

If euthanized, please provide the date of euthanization



Month Day Year

Testing method

Sample Type

Test results

Do you have a ninth case to report? *

Yes

No

Case #9

Is this case suspected or confirmed? *

Suspected (clinical but untested)

Confirmed (tested and positive)

Age, Breed, Gender- Case #9

Clinical signs observed

Please separate each clinical sign with a comma

Date of onset of clinical signs



Month Day Year

Status of horse

Diagnostic confirmation date



Month Day Year

If euthanized, please provide the date of euthanization



Month Day Year

Testing method

Sample Type

Test results

Do you have a tenth case to report? *

Yes

No

Case #10

Is this case suspected or confirmed? *

Suspected (clinical but untested)

Confirmed (tested and positive)

Age, Breed, Gender- Case #10

Clinical signs observed

Please separate each clinical sign with a comma

Date of onset of clinical signs



Month Day Year

Status of horse

Diagnostic confirmation date



Month Day Year

If euthanized, please provide the date of euthanization



Month Day Year

Testing method

Sample Type

Test results

Do you have additional information to report? *

Yes

No

Has this outbreak resulted in any travel restrictions or state regulations? If so, please outline below or provide a link to information.

Additional Information- Please include any notes you would like included in the alert

If you don't have additional information, click on submit.