

# IMMUNOLOGY/VIROLOGY

<b>VETERINARY MEDICAL TEACHING HOSPITAL</b>			
UNIVERSITY OF CALIFORNIA, DAVIS			
			LAB #
Date Received	Date Prel. Report	Date Final Report	
<input type="checkbox"/> OP <input type="checkbox"/> DC <input type="checkbox"/> IP Cage/Stall #	Ordered by Clinician/Pathologist		<b>CHARGE TO:</b> <input type="checkbox"/> Client <input type="checkbox"/> TA Dr. # _____ <input type="checkbox"/> Grant # _____ <input type="checkbox"/> _____ <input type="checkbox"/> Mis. _____
Student/AHT:			
SPECIMEN:			
<b>PERTINENT CASE HISTORY: and SPECIAL REQUESTS, COMMENTS:</b>  			
<b>PROVISIONAL DIAGNOSIS/SUSPECTED CAUSATIVE AGENTS:</b>  			

Billing #	Qty	Test/Method	Billing #	Qty	Test/Method
<b><u>IMMUNOLOGY</u></b>					
8643	___	Antimegakaryocyte antibody	8630	___	Tissue biopsy (IgG)
8601	___	Antinuclear antibody (ANA)	8631	___	Tissue biopsy (C3)
8636	___	Aspergillus antibody (AGID)	8632	___	Tissue biopsy (IgM)
8744	___	Aspergillus ELISA (Minnesota)	8633	___	Tissue biopsy (IgA)
8637	___	Brucella canis (RSAT)	8641	___	Toxoplasmosis titer
8638	___	Brucella canis (TAT)	8710	___	IFA Stain
8604	___	CDV IFA – direct smear			for: _____
8605	___	CDV antibody titer (IgG)	8699	___	Misc. Immunology:
8606	___	CDV antibody titer (IgM)			_____
8739	___	Chlamydia titer (EBA)			
8702	___	Chlamydia ELISA			
8639	___	Corynebacterium pseudo TB titer (CPTB/SHI test)	8703	___	<b><u>VIROLOGY</u></b> EIA Coggins (AGID)
			8704	___	EIA Coggins (AGID) (additional sample)
8640	___	Cryptococcus (antigen test)			
8610	___	Fel Coronavirus titer (FIP)	8634	___	EPM Panel (IFAT) <i>S. neurona</i> <i>N. hughesii</i>
8612	___	FelV (ELISA)			
8642	___	FIV (ELISA)	8747	___	EPM Western Blot
8621	___	IgG (Quant)	8799	___	Misc Virology
8623	___	IgM (Quant)			_____
8625	___	IgA (Quant)			
8615	___	Immunoelectrophoresis (IEP)			
8618	___	Parvo fecal ELISA			
8619	___	Parvovirus antibody titer (IgG)			
8627	___	Rheumatoid factor (K9 only)			

# Instructions For Sending Samples

Immunology/Virology Department-Room 1023  
School of Veterinary Medicine  
1 Garrod Drive  
University of California-Davis  
Davis, CA 95616

Phone: 530-752-7374  
Fax: 530-754-9007  
ettrevino@vmth.ucdavis.edu  
hbwiese@vmth.ucdavis.edu

Please include the following information with each sample submission:

1. Veterinarian's name
2. Name of clinic/hospital
3. Your complete mailing address
4. Your phone and **fax number**
5. Name of the patient
6. Owner of the animal
7. Sample type (ie. serum)  
\*\*If you are requesting an Antimegakaryocyte antibody test (AMA), please indicate if you want anti-RBC/WBC, etc. counted
8. Species, breed, gender and age of animal
9. Type of test requested
10. Date sample was collected

Shipping Instructions:

1. Send with an ice pack  
**\*\*NO ice is needed for bone marrow smears or other samples on slides**
2. Ship overnight (do not ship on a Friday)
3. Ship to address listed above

Thank you,

Eva Tamez-Trevino  
Heather Wiese