

DIAGNOSTIC PATHOLOGY SERVICES

DEPARTMENT OF PATHOBIOLOGY
 COLLEGE OF VETERINARY MEDICINE
 AUBURN UNIVERSITY

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<http://www.vetmed.auburn.edu/virology/>

VIROLOGY**OFFICE USE ONLY**

Accession # _____
 Rec'd _____ Assigned _____

Contact: Krystyna Minc
 E-mail: mincjoa@auburn.edu

OWNER INFORMATION

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____

ANIMAL Name/ID _____
 Species _____ Breed _____
 Sex _____ Age _____

CLINIC INFORMATION

Referring Veterinarian: _____
 Clinic Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: (____) _____
 FAX: (____) _____
 E-mail: _____
 Results via: Fax E-mail

TEST(S) REQUESTED**CANINE**

ANA titer
 Autogenous Wart Vaccine
 CAV-2 Ab titer
 CAV-1 (ICH) Neutralizing Abs
 CDV antigen (FA)
 CDV PCR
 CDV Ab IgG & IgM (IFA)
 CDV Ab - IgG only (vaccine titer)
 CDV Neutralizing Antibody titer
 Ehrlichia canis Ab titer (IFA)
 Anaplasma phagocytophilum (E. equi) Ab titer (IFA)
 RMSF titer (IFA)
 Lyme Ab titer (IFA)
 CHV Ab titer
 CPV antigen
 CPV Ab IgG & IgM (IFA)
 CPV Ab - IgG only (vaccine titer)
 CCV Ab titer
 Rabies Antibody titer (RFFIT) † ‡
 Toxo Ab titer IgG & IgM (IFA)
 Virus isolation (Call lab before submitting)

EQUINE

Equine herpesvirus 1 and 4 PCR
 Equine herpesvirus 1 Ab titer
 EPM Western immunoblot
 Autogenous Wart Vaccine

FELINE

Chlamydiophila antigen (FA)
 FeLV (ELISA)
 FeLV (IFA)
 FeLV and FIV Combo
 Feline coronavirus (FCoV) Ab titer
 FCoV PCR
 Feline calicivirus Ab titer
 FHV antigen (FA)
 FHV Ab titer
 Feline Panleukopenia Ab (IgG+IgM)
 Feline Panleukopenia Ab -IgG only (vaccine titer)
 Rabies Antibody titer (RFFIT)) † ‡
 Toxoplasma Ab titer (IgG+IgM)
 Virus isolation (Call lab before submitting)

BOVINE

BVDV PCR on bulk tank
 Autogenous Wart Vaccine

For current prices and specimen requirements please go to <http://www.vetmed.auburn.edu/virology/>

† For animals being exported to St. Kitts and Nevis, please use a separate RFFIT Rabies Serology-Vaccine Titer Submission Form.

‡ Please provide rabies vaccination history & reason for testing.

HISTORY

SPECIMEN: _____
 DATE COLLECTED: _____

When serum is required, please DO NOT send: 1. Whole blood. 2. Extremely hemolyzed and/or lipemic serum.