

PYTHIUM SEROLOGY  
DEPARTMENT OF PATHOBIOLOGY  
COLLEGE OF VETERINARY MEDICINE



158 Greene Hall  
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**OFFICE USE ONLY**

Accession # \_\_\_\_\_

Rec'd \_\_\_\_\_ Assigned \_\_\_\_\_

# PYTHIUM SEROLOGY

Contact: Priscilla Barger

**OWNER INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

ANIMAL NAME/ID \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_

Sex \_\_\_\_\_

Age \_\_\_\_\_ Month \_\_\_\_\_ Year (check one)

**CLINIC INFORMATION**

Referring Veterinarian: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

LICENSE NO: \_\_\_\_\_ STATE: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Fax results: Yes No

**PYTHIUM SERUM TITER (PLEASE SEND SERUM ONLY – NO WHOLE BLOOD ACCEPTED)**

**HISTORY:**

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**CLINICAL OBSERVATIONS:**

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**LABORATORY USE ONLY**

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|-------------------------------|--------------|
| <b>SAMPLE RECEIVED:</b>       | <b>DATE:</b> |
| <b>DATE ELISA PERFORMED:</b>  |              |
| <b>TECHNICIAN:</b>            |              |
| <b>DATE RESULTS REPORTED:</b> |              |
| <b>RESULTS REPORTED TO:</b>   |              |

**RESULTS:**

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## Submission Fees

| Service Requested   | Fee     |
|---------------------|---------|
| PYTHIUM SERUM TITER | \$50.00 |

## Submission Requirements

A minimum of 100µl of serum is required. Whole blood cannot be accepted.

Serum should be packed in a leak proof container with absorbent material. This package should be placed inside of a second container on ice (gel packs). Serum tube should be clearly labeled.

Overnight shipping is required. Ship via UPS or Federal Express.

Please do not ship samples on Friday.

Pythium Lab  
Department of Pathobiology  
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Auburn, AL 36849-5519