



Accession # _____

Rec'd _____ Assigned _____

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Mucormycosis Serology (*Apophysomyces spp.*)

<http://www.vetmed.auburn.edu/about/dept-of-pathobiology/diagnostic-services/>

Contact: Priscilla Barger
Email: bargepc@auburn.edu

SUBMITTING INFORMATION

Referring Veterinarian:

Clinic Name:

Address:

City: State: Zip Code:

Phone: FAX: Email:

Fax Results: Email Results:

Accounting Reports: Fax Email

DISCLAIMER

This diagnostic assay is for the detection of mucormycosis caused by *Apophysomyces spp.* This is a research-based test that is currently under development and validation. Therefore, the results of this assay should be interpreted with caution. Performance characteristics of this assay are yet to be determined under all conditions and clinical circumstances. Results should be interpreted in the context of each case. It is highly recommended that other diagnostic testing modalities, e.g. fungal culture, and where appropriate molecular methods and histopathologic examination, be used to complement the results of this testing. It is up to the discretion of each submitting facility to decide how to use the results of this test and to determine if further testing on specific animals is warranted.

Sample Type: SERUM ONLY

Sample shipment: SERUM ONLY should be shipped. Fresh serum samples that have not been frozen should be shipped overnight on frozen ice packs. Frozen serum samples should be shipped on dry ice or ice packs overnight. Please include the "Sample Submission Form" AND "Sample Submission Information Release Form" with your samples. **Notify contacts above via Email before shipping samples to confirm ship and receive dates.** Samples will be received Tuesday thru Friday. Samples will not be received on weekends.

Pricing: 1-6 samples: \$250.00 flat rate (whether 1, 2, 3, etc. samples are submitted).

Required Information: Please provide a list of all samples to be tested and include the following information: Animal ID number and/or name, date sample was collected, species, age, sex, origin of each animal (wild caught/captive born/stranded), day of illness sample was collected (since initial clinical signs/treatment), ESR, WBC, and type, dose, frequency and number of days of any antifungal medication used. A brief clinical history and description of lesions, if present, should be included.

**Mucormycosis Assay for Cetaceans
Sample Submission Information Release Form**

Submitting Institution

Contact/Submitter

Address

City, State, Zip

Phone

Fax

E-mail

The Sample Submission Information Release Form states that the institutional information, animal information, and any associated test results will remain strictly confidential unless otherwise directed by selecting either option 2 or 3 below. Option 2 provides for institutional confidentiality yet will permit us to utilize the results of these tests for the advancement of our knowledge of this condition.

Please select from the following options:

1. We (Submitting Institution) require that the institutional information, animal information and any associated test results remain confidential at all times and in all circumstances.
2. We (Submitting Institution) hereby give permission to Auburn University College of Veterinary Medicine and contributing investigators* to report animal information (excluding the animal identification number/name) and associated test results for the purpose of determining and gaining epidemiologic and diagnostic information in the form of publications. The institutional information however, must remain confidential at all times and in all circumstances.
3. We (Submitting Institution) hereby give permission to Auburn University College of Veterinary Medicine and contributing investigators* to report the institutional information and animal information in association with the sample results for the purpose of determining and gaining epidemiologic and diagnostic information in the form of publications.

Note: The submitting institution will be acknowledged within any publication in which the results are used.

Signature of Animal Care Director/Veterinarian Date

Print Name

*Contributing Investigators are: Priscilla C. Barger, Joseph C. Newton, Forrest I. Townsend Jr., Lydia Staggs, Rebecca Wells, Elisabeth Petermann

SAMPLES SUBMITTED WITHOUT THE FOLLOWING MINIMAL DATA CANNOT BE PROCESSED

	SAMPLE 1	SAMPLE 2	SAMPLE 3	SAMPLE 4	SAMPLE 5	SAMPLE 6
Animal ID/Name						
Sample Date						
Species						
Gender						
Age						
Origin (wild caught, stranded, etc)						
City, State						
Days of Illness						
ESR / Fibrinogen						
WBC						
Serum Iron Values						
Lesion Present (Y/N) If present please describe lesion below*						
Culture results (if applicable)						
Antifungals used (y/n)						
Type of antifungal						
Dose of antifungal (mg/kg)						
Frequency of antifungal						
No. of days on antifungal (on sample date)						

Additional information

SAMPLE RECEIVED: _____ **DATE:** _____

DATE ELISA PERFORMED: _____

TECHNICIAN: _____

DATE RESULTS REPORTED: _____

RESULTS REPORTED TO: _____

RESULTS:

Sample 1		Sample 4	
Sample 2		Sample 5	
Sample 3		Sample 6	

*Please provide clinical history and description of lesions on following page

SAMPLE	CLINICAL HISTORY / LESION DESCRIPTION
SAMPLE 1	
SAMPLE 2	
SAMPLE 3	
SAMPLE 4	
SAMPLE 5	
SAMPLE 6	

Submission Fees

Service Requested	QUANTITY	Fee
MUCORMYCOSIS SEROLOGY	1-6 SPECIMENS	\$250.00

Submission Requirements

A minimum of 100µl of serum is required. Cannot accept whole blood or plasma.

Fresh serum samples that have not been frozen must be shipped overnight on frozen ice packs.

Frozen serum samples must be shipped overnight on frozen ice packs or dry ice.

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 tubes should be clearly labeled.

Please do not ship samples on Friday.

Mucormycosis Serology
Department of Pathobiology
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Auburn, AL 36849-5519