Infectious Diseases Laboratory
110 Riverbend Rd.
Riverbend North, Rm. 150
University of Georgia
Athens, GA 30602
Phone: 706.542.8092
Fax: 706.583.0843
http://idl-uga.com or
http://www.vet.uga.edu/SAMS/IDL/

For Laboratory Use Only
Submission Number: _____
Date Received: _____
Sample(s) Received for RT-PCR:
___Whole blood ___Feces/swab
___Tissues

Received: with cold ice pack; RT; or above
(circle one)

BORNAVIRUS RT-PCR SUBMISSION FORM

Doctor's Name:	**Results will be faxed unless otherwise requested**
Facility:	Phone:
Address:	Fax:
City/State/Zip:	Check or Purchase Order Number:

RT-PCR: one test (feces or blood): $25; two tests (feces and blood): $45; CNS tissues: $25

Owner's Name	Sample date	Patient's ID	Species	Breed	Age	Sex

History/Clinical Signs/Ancillary testing (i.e. Radiographs, Histopathology, crop biopsy, etc. *Continue on back of page if needed.*):

Sample submission:

Samples must be submitted by a veterinarian and must be frozen until shipped. It is best to ship overnight on ice packs. UGA does not have weekend delivery so make sure we receive the package on Tuesday through Friday! Please include as much history and clinical information as possible.

Whole blood (100 ul minimum): collect in EDTA tube and immediately FREEZE;
Feces/cloacal/choanal swab: collect and immediately FREEZE;
CNS Tissues: collect and immediately FREEZE.

****We will accept serum but it will be archived for future validation of serological testing at no charge. Periodically refer to <www.idl-uga.com> for updates.**

Serum (100 ul minimum): separate from the clot, place in separate tube (very important!)*, and FREEZE;*PLEASE NOTE: Serum must be placed in a separate container (completely removed from the clot). ***Unseparated specimens will be rejected!***

***The current diagnosis of psittacine proventricular dilatation disease (PDD) requires histologic examination of affected neural tissues.* The pathogenesis and pathogenicity of avian bornaviruses, and their relationship to PDD, are unknown at this time.**

PAYMENT and REPORTING: A bill will be sent at the end of the month for all tests received during that calendar month unless payment is received with sample. We cannot accept credit cards for payment. Checks should be made to the Infectious Diseases Laboratory. Results will be sent to a secure FAX machine if a FAX number is given or returned by first class mail. The receiver accepts responsibility for the security of the receiving FAX machine.

Veterinarian's Signature (Required for sample testing):_____

Billing Name and/or Address if different from above:

My signature certifies that I have read the above and understand the submission instructions and test validation and reporting. Additionally, I accept that the records of the Infectious Diseases Laboratory of the University of Georgia's College of Veterinary Medicine are confidential to the extent allowed by the law and the policies of the University of Georgia as defined by the Board of Regents. No results can be given by telephone. In no event shall the Infectious Diseases Laboratory, the personnel of the Infectious Diseases Laboratory, the College of Veterinary Medicine, the University of Georgia, the Board of Regents nor the State of Georgia be liable for incidental, consequential, special or other damages arising from the testing of sample(s) or the providing of test results.