

INFECTIOUS DISEASES LABORATORY

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For Laboratory Use Only

IDL Submission #: _____

Date Received: _____

VET NAME/ HOSPITAL :	OWNER:		
ADDRESS:	PATIENT ID:		
CITY/ STATE/ ZIP :	SPECIES:	BREED:	
PHONE and FAX Numbers:	SEX: M MN F FS	AGE:	
Is this sample for a recheck?: Yes No EMAIL:	SAMPLE DATE:		

X	Assay	Required Sample(s) (circle choice)	Sample Volume	Species Tested	Type of Test	Price
	Antinuclear Antibody Titer	serum	0.5 ml	Can/Fel/Equ	IFA	\$20
	<i>Bartonella henselae</i> Culture (Cat Scratch Disease / Fever)	whole blood (EDTA)	1 ml	Feline/Canine	Culture on agar	\$15
	Canine Circovirus	Feces / Fecal Sawab	NA	Canine	PCR	\$30
	Canine Distemper Virus	Urine or blood (EDTA) or CSF or tissue homogenate	0.5 ml	Canine	RT-PCR	\$40
	Canine Distemper Virus Panel (3 samples)	Urine (required); blood (EDTA) or CSF or tissue homogenate	0.5 ml	Canine	RT- PCR	\$100
	<i>Chlamydia</i> sp. PCR	Eye swab	NA	Feline	PCR	\$20
	Cryptococcal Antigen Titer	serum or CSF	0.5 ml	Can /Fel/Equ	Latex Agglut	\$18
	<i>Ehrlichia canis</i> Antibody Titer	serum	0.5 ml	Canine	IFA IgG	\$20
	Feline Disease Panel (Toxoplasma, FIP, FIV, FeLV titers)	serum	1 ml	Feline	as per individual assay	\$50
	Feline Heartworm Antibody	serum	0.5 ml	Feline	Lateral flow	\$15
	Feline Heartworm Panel (antigen and antibody)	serum	0.5 ml	Feline	as per individual assay	\$26
	Feline Leukemia Virus Antigen	Serum	0.5 ml	Feline	ELISA	\$15
	FIP Antibody Titer	serum or effusion	0.5 ml	Feline	IFA IgG	\$15
	FIV Antibody Titer	serum	0.5 ml	Feline	ELISA IgG	\$15
	SNAP@4DX@Plus	Serum, plasma, or blood	0.5 ml	Canine	SNAP	\$25
	Heartworm Antigen	serum	0.5 ml	Any	ELISA	\$15
	Lyme Disease Antibody Titer	serum	0.5 ml	Canine/Equine	ELISA IgM & IgG	\$20
	<i>Neospora caninum</i> Antibody	serum	0.5 ml	Canine	IFA	\$15
	<i>Neospora caninum</i> PCR	CSF, brain	0.5 ml	Canine	PCR	\$35
	Rheumatoid Factor	serum	1.0 ml	Canine	Latex Agglut	\$24
	RMSF Antibody Titer	serum	0.5 ml	Canine	IFA (IgM & IgG)	\$20
	Tick-borne Disease Panel (RMSF, Lyme, <i>E. canis</i> titers)	serum	1 ml	Canine	as per individual assay	\$48
	<i>Toxoplasma</i> Antibody Titer	serum	0.5 ml	Can /Fel	ELISA IgM & IgG	\$20
	<i>Toxoplasma</i> PCR	CSF, fresh tissue, blood or feces	0.5 ml	Can /Fel	PCR	\$35
	West Nile Virus Antibody Titer	serum	0.5 ml	Can/Fel/Equ	Cell Culture	\$20
	West Nile Virus Antibody PCR	CSF, brain	0.5 ml	Can/Fel/Equ	RT-PCR	\$25

Veterinarian's Signature (Required for testing): _____

My signature certifies that I have read and understand the instructions given for sample submission. 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.