

**Laboratory Submission Form**  
**INFECTIOUS DISEASES LABORATORY**  
 110 Riverbend Rd  
 Riverbend North, Rm. 150  
 UNIVERSITY OF GEORGIA  
 ATHENS, GA 30602  
 PHONE: (706) 542-8092 FAX: (706) 583-0843  
 www.idl-uga.com or  
 www.vet.uga.edu/idl



<b>For Laboratory Use Only</b>	
IDL Submission #:	_____
Date Received:	_____

VET NAME/ HOSPITAL :		OWNER:	
ADDRESS:		ANIMAL ID:	
CITY/ STATE/ ZIP :		SPECIES:	BREED:
PHONE/ FAX:		SEX:	AGE:
CLINICAL SIGNS:		SAMPLE DATE:	

X	ASSAY	SPECIMEN REQUIRED*	SPECIES	Price*
	<b>Aleutian Disease Virus Panel (2 PCR and serology)</b>	<b>Urine (0.5 ml), oral swab, and serum</b>	<b>Ferret</b>	<b>\$45</b>
	<b>Aleutian Disease Virus Panel (2 PCR and serology)</b>	<b>Urine (0.5 ml), whole blood or oral swab, and serum</b>	<b>Skunk</b>	<b>\$45</b>
	<b><i>Atoxoplasma</i> spp. PCR</b>	<b>Liver-spleen swab or blood</b>	<b>Avian</b>	<b>\$25</b>
	<b>Generic Herpesvirus PCR</b>	<b>Whole blood or choanal/cloacal swab</b>	<b>Any</b>	<b>\$30</b>
	<b>Ophidian Paramyxovirus (OPMV) RT-PCR (1 sample)</b>	<b>Choanal/cloacal swab, whole blood (min. 100 ul in EDTA), respiratory or CNS tissues</b>	<b>Reptile</b>	<b>\$60 \$100 (2 samples)</b>
	<b>FFPE PCR or FFPE RT-PCR</b>	<b>Formalin-fixed paraffin- embedded tissues; PLEASE CALL FIRST TO SEE IF THE TEST IS AVAILABLE</b>	<b>As with fresh samples</b>	<b>\$75: one block; \$125: 2 to 3 blocks; additional \$40 per block for &gt; 3 blocks</b>

\* **Tissues may be used for some of these assays. Please contact IDL for required tissue and pricing.**

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.

Check #: \_\_\_\_\_ Amount: \_\_\_\_\_

PO: \_\_\_\_\_

Billing Name and/or Address if different from above.

Veterinarian's Signature -Required for sample 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.