

DNA *in situ* HYBRIDIZATION (ISH) and IMMUNOHISTOCHEMISTRY (IHC) SUBMISSION FORM

Infectious Diseases Laboratory
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For Laboratory Use Only
Submission No.: _____
Date Received: _____

Doctor's Name: _____ Phone: (____) _____
Hospital: _____ FAX: (____) _____
Address: _____ Dedicated FAX? ___ Yes ___ No
City: _____ State: _____ Zip: _____
Owner: _____ Sample Date: _____
Patient ID: _____ Species: _____ Breed: _____ Age: _____ Sex: _____

ISH tests requested (check or circle all that apply):

- Avian adenovirus (\$65)
- Psittacine* Polyomavirus (\$65)
- Generic Circovirus (\$65)
- Aleutian Disease virus (\$65)
- Pacheco's Parrot Disease Virus (\$65)
- Psittacine Circovirus (PBFDV) (\$65)
- Koi herpesvirus (KHV) (\$65)
- Ophidian Paramyxovirus (\$65)
- West Nile Virus (WNV) (\$65)

ISH Panel: Pacheco's Parrot Disease Virus, circovirus (generic or psittacine), polyomavirus (\$ 150)
 West Nile Virus ISH and IHC Panel (\$85)
 Other (ISH): _____

IHC tests requested: _____ *Chlamydomphila* spp. (\$42); _____ WNV (\$42)

Other (IHC) _____ (for availability, costs, and slide requirements, contact IDL)

* NON-psittacine polyomavirus ISH is currently unavailable due to technical difficulties. Please check web page for updates.

Slide requirements per block: Unstained affected tissue sections MUST BE on ProbeOn Plus slides and paraffin sections should be placed towards the bottom of the slides!! Results cannot be guaranteed on tissues submitted on regular glass slides and/or affixed incorrectly.
ISH and IHC tests: one H&E-stained slide and 3 unstained tissue sections on ProbeOn Plus slides; Panel: one H&E-stained slide and 6 unstained tissue sections on ProbeOn Plus slides.
Due to processing fees charged to IDL, if tissue blocks or fixed tissues are submitted in lieu of slides, an additional charge of \$15 will be applied. Please indicate if you would like the blocks to be returned after testing. Fixed tissues and slides cannot be returned.

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 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.