

Lab use only	Date received
VDS Vet ref no:	F / E

Canine Infectious Disease

N.B. Use separate forms for each dog

Submitting vet name:
Practice name & address:
Postcode:
Tel:
Fax:
Results email:

Animal name:
Owner surname:
Breed:
Sex:
Age or D.O.B.:
Any previous ref:
Date sampled: Please send VTM*:

Pre-vaccine check Vaccinated? **Y** **N** Sick Healthy

Samples sent (Please tick box) *It is very important to specify which samples are sent, both on the sample tubes and on this form*

Hep EDTA Serum Plasma Faeces Urine Other (please specify)

SWABS (Specify sample origin) VTM* Charcoal* Dry

Brief clinical history

*** Viral Transport Medium and Bacterial Transport Medium are FREE on request**

Please enclose printed clinical notes if appropriate and any drugs at time of sampling

DOES THE DOG NEED A VACCINE BOOSTER?

To qualify for profile discounts, samples must be sent together

Screens for CPiV or Leptospira antibodies are not included because vaccines do not generally induce detectable antibodies.

CPV, CDV & CAV antibodies

2ml heparin blood or serum

COMMON DISEASE PROFILES

Canine parvovirus profile
CPV PCR & CPV antibodies

Faecal swab (not in charcoal) or 2g faeces and 1ml heparin blood or serum

Canine diarrhoea profile
Bacteriology, parasitology NOT *Cryptosporidium*

> 10g faeces

Canine diarrhoea profile PLUS
Bacteriology, parasitology INC *Cryptosporidium*, *Giardia* PCR & CCV PCR

> 15g faeces

Canine respiratory virus isolation
CPiV, CAV2, CHV

Tonsillar swab in VTM*

Canine respiratory profile
Bordetella bronchiseptica culture,
CPiV antibodies & respiratory virus isolation

Two tonsillar swabs: 1 in charcoal* & 1 in VTM* & 1ml heparin blood or serum

Canine blue eye profile
CAV1 & CAV2 serology

1ml heparin blood or serum

SINGLE TESTS

- | | |
|--|---|
| <input type="checkbox"/> Canine parvovirus antibodies (ELISA) | 1ml heparin blood or serum |
| <input type="checkbox"/> Canine parvovirus PCR | 2g faeces |
| <input type="checkbox"/> Canine coronavirus antibodies (immunofluorescence) | 1ml heparin blood or serum |
| <input type="checkbox"/> Canine coronavirus real-time PCR | 2g faeces |
| <input type="checkbox"/> Canine parainfluenza antibodies (neutralising titre) | 1ml heparin blood or serum |
| <input type="checkbox"/> Canine parainfluenza (virus isolation) | Tonsillar swab in VTM* |
| <input type="checkbox"/> CAV1 Canine adenovirus antibodies (neutralising titre) | 1ml heparin blood or serum |
| <input type="checkbox"/> CAV2 Please tick CAV1 or CAV2. | |
| <input type="checkbox"/> Both Tick both if dog is vaccinated. | |
| <input type="checkbox"/> Canine adenovirus (virus isolation) | Tonsillar swab in VTM* |
| <input type="checkbox"/> Canine herpesvirus antibodies (neutralising titre) | 1ml heparin blood or serum |
| <input type="checkbox"/> Canine herpesvirus (virus isolation) | Ocular or tonsillar or genital swab in VTM* |
| <input type="checkbox"/> Canine distemper virus antibodies (neutralising titre) | 1ml heparin blood or serum |
| <input type="checkbox"/> Leptospira antibodies** (microagglutination test)
<i>Serovars Icterohaemorrhagiae, Canicola, Bratislava, Hardjo</i> | 1ml serum |

**For diagnosis of clinical disease only.

BACTERIOLOGY AND MYCOLOGY

- | | |
|---|---|
| <input type="checkbox"/> Full culture and sensitivity | Sample origin: <input type="text"/> |
| <input type="checkbox"/> Aerobic culture and sensitivity (urine, ears) | Sample origin: <input type="text"/> |
| <input type="checkbox"/> Enrichment culture (blood, joint fluid) | Sample origin: <input type="text"/> |
| <input type="checkbox"/> Fungal culture including Dermatophytes | Plucked hair sample or toothbrush combing |

PLACE SWABS FOR BACTERIOLOGY IN BACTERIAL TRANSPORT MEDIUM (FREE ON REQUEST)

PARASITOLOGY

- | | |
|---|---|
| <input type="checkbox"/> Toxoplasma gondii antibodies (latex agglutination test) | 1ml serum |
| <input type="checkbox"/> Neospora caninum antibodies (immunofluorescence) | 1ml serum |
| <input type="checkbox"/> Giardia lamblia real-time PCR | Faecal sample (at least 5g) |
| <input type="checkbox"/> Protozoa screen (<i>Giardia</i> , <i>Isospora</i> etc) | Faecal sample (at least 5g) |
| <input type="checkbox"/> Cryptosporidium spp (ZN staining) | Faecal sample (at least 5g) |
| <input type="checkbox"/> Nematode and cestode egg screen (McMaster technique) | Faecal sample (at least 10g) |
| <input type="checkbox"/> Angiostrongylus vasorum (modified Baermann technique) | Bronchoalveolar lavage preferred/sputum/faeces (>10g) |
| <input type="checkbox"/> Ectoparasite screen | Skin scrape on a slide (no sellotape or KOH) |

Any other testing (please specify):

Residual samples may be used by the University and its partners for approved research, test development, teaching or commercialisation. If the client indicates that they would prefer that residual samples are not used in this way, please check this box.