



FELINE TESTS

Date Sent:		Case Vet:	
Practice Name & Address:		Animal Name:	
		Owner Name:	
Tel:		Biobest Ref:	
Fax:		Preferred Reporting Method:	Fax: Email:
Email:			

Clinical History:	
Sample Type	

Antibody assays (requiring serum or plasma)		PCR (sample type as indicated)	
<input type="checkbox"/>	Coronavirus IFA	<input type="checkbox"/>	Chlamydia PCR (dry swab or swab in VTM)
<input type="checkbox"/>	FIP Package – Coronavirus Ab, α1 AGP & Albumin/Globulin	<input type="checkbox"/>	Herpesvirus PCR (dry swab or swab in VTM)
<input type="checkbox"/>	FIP Package (as above) & Fluid analysis/cytology (Wet FIP)	<input type="checkbox"/>	Combined Chlamydia/Herpesvirus PCR (dry swab or swab in VTM)
<input type="checkbox"/>	FIP Package (as above) & Haematology (Dry FIP)	<input type="checkbox"/>	Panleukopenia PCR (faeces or tissue)
<input type="checkbox"/>	Immunodeficiency Virus IFA	Virus detection (sample type as indicated)	
<input type="checkbox"/>	Toxoplasma IFA (IgG & IgM)		
<input type="checkbox"/>	Neospora IFA	<input type="checkbox"/>	FelV Antigen (EDTA blood or fresh smear)
<input type="checkbox"/>	Panleukopenia Virus HAI	Virus isolation (sample type as indicated)	
<input type="checkbox"/>	Calicivirus VNT	<input type="checkbox"/>	Feline pox (cowpox) (swab, lesion or crust (scab))
<input type="checkbox"/>	Herpesvirus VNT	<input type="checkbox"/>	Respiratory Virus Isolation (FHV & Calicivirus from swab in transport medium)
<input type="checkbox"/>	Pre-Booster Immunity Check (Herpesvirus, Calicivirus and Panleukopaenia virus)	<input type="checkbox"/>	Triple resp profile - Respiratory Virus Isolation + Herpesvirus & Chlamydia PCR (swab)

Biobest Use Only			
Date of receipt:		Form no:	
No. of samples:		Rep:	Invoice:
Booked in:		QC:	Vet:
		Fax:	Date report faxed:

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