

FELINE SUBMISSION FORM Interferon gamma (Y) testing for suspected tuberculosis cases

| Submitting clinician: | | | |
|---|-----------------|--------------|------------|
| Practice name & address: | | | |
| Tel: | Fax: | | |
| E-mail: | | | |
| Owner name & address: | Animal Name: | I.D.: | Breed: |
| | Sex: | Age: | |
| Preferred reporting method: Fax E-mail Date collected: | | | |
| Sampling instructions: The test is performed on the 1 st and 3 rd Thursdays of each month only. A minimum of 2ml of heparinised blood should be collected on the Tuesday or Wednesday before the test is run and sent to Biobest by an overnight service such as Royal Mail Special Delivery Guaranteed. Samples must not be chilled as this will interfere with cell viability and test performance. Test Interpretation and Additional Guidance: This test is intended to provide support for a diagnosis of feline mycobacterial disease and whether the infection is likely to be due to bovine TB (bTB) or other Mycobacterial species. If suspected at PM bTB is a notifiable disease The test takes a minimum 96 hours to complete therefore results can be expected on the Tuesday following set up. Biobest may report summary test results to the TB team at APHA. Clinical History: | | | |
| Biobest Use Only | | | |
| Date of Receipt: | Databased: | Request Forr | m Number: |
| Reported: | QC: | Report Faxed | d/Emailed: |

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