



FELINE TESTS

Practice Name:		Date Sent:	
Address:		Case Vet:	
		Animal V /Ref	
Tel:		Owner Name:	
Email:		Sample Type:	

Clinical History: (Please include details of any recent foreign travel, contact with imported animals or association with any infectious disease outbreaks)	
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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	<input type="checkbox"/> SARS CoV-2 PCR (swab)
<input type="checkbox"/> Toxoplasma IFA (IgG & IgM)	Virus detection (sample type as indicated)
<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

No. of Samples:	Databased:	RFN:
	Ref Check:	
Booked in by:	Report Sent:	

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