



OFFICE USE ONLY

Accession _____ Date _____
 Courier _____ Assigned _____
 Tracking Number _____

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 Contact person: Theresa Wood (Virology Lab Manager)

SEROLOGY-VIROLOGY

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OWNER INFORMATION (ALL FIELDS REQUIRED)			
NAME			
ADDRESS			
CITY			
STATE		ZIP CODE	
ANIMAL NAME/ID			
SPECIES		BREED	
SEX			
AGE	MONTH	YEAR (check one)	

CLINIC & BILLING INFORMATION: (ALL FIELDS REQUIRED)			
REFERRING VETERINARIAN:			
CLINIC NAME			
ADDRESS			
CITY		STATE	ZIP CODE
LICENSE NO		STATE	
PHONE			
FAX			
RESULTS (check all that apply) (if different from above please list below)			
EMAIL		FAX	
ACCOUNTING (check all that apply) (if different from above please list below)			
EMAIL		FAX	

TEST(S) REQUESTED

CANINE	
<input type="checkbox"/>	Anaplasma phagocytophilum titer (IFA)
<input type="checkbox"/>	Canine SNAP 4DX Plus
<input type="checkbox"/>	CAV-2 antibody - IgG only (vaccine titer)
<input type="checkbox"/>	CDV antibody - IgG & IgM (IFA)
<input type="checkbox"/>	CDV antibody - IgG only (vaccine titer)
<input type="checkbox"/>	CHV antibody titer (IFA)
<input type="checkbox"/>	CHV antigen stain (FA)
<input type="checkbox"/>	CPV antibody IgG & IgM (IFA)
<input type="checkbox"/>	CPV antibody - IgG only (vaccine titer)
<input type="checkbox"/>	CPV antigen - feces
<input type="checkbox"/>	Ehrlichia canis titer (IFA)
<input type="checkbox"/>	Lyme titer (IFA)
<input type="checkbox"/>	Rabies antibody titer (RFFIT vaccine titer)
<input type="checkbox"/>	RMSF titer (IFA)
<input type="checkbox"/>	Toxoplasma antibody titer IgG & IgM (IFA)
<input type="checkbox"/>	Virus isolation (Call lab before submitting)
<input type="checkbox"/>	

FELINE	
<input type="checkbox"/>	Feline calicivirus antibody titer (IFA)
<input type="checkbox"/>	Feline coronavirus (FCoV) antibody titer
<input type="checkbox"/>	Feline panleukopenia - IgG only (vaccine titer)
<input type="checkbox"/>	Feline panleukopenia titer (IgG & IgM)
<input type="checkbox"/>	FeLV and FIV SNAP Combo
<input type="checkbox"/>	FeLV IFA antigen stain
<input type="checkbox"/>	FHV antibody titer (IFA)
<input type="checkbox"/>	FHV antigen stain (FA)
<input type="checkbox"/>	Rabies antibody titer (RFFIT vaccine titer)
<input type="checkbox"/>	Toxoplasma antibody titer IgG & IgM (IFA)
<input type="checkbox"/>	Virus isolation (Call lab before submitting)
EQUINE	
<input type="checkbox"/>	Lyme titer (IFA)
<input type="checkbox"/>	Rabies antibody titer (RFFIT vaccine titer)
<input type="checkbox"/>	

HISTORY

SPECIMEN

DATE COLLECTED