

**Diagnostic Laboratory Service**

[vetmed.tennessee.edu/vmc/dls](http://vetmed.tennessee.edu/vmc/dls)

Practice:		
Veterinarian:		
Address (Street address, City/State, Zip Code):		
Phone:		
Fax:		
Email:		
Specimen:		Collector's Initials
Site:	Date Collected:	Time Collected:
Patient Name:		
Owner:		
<b>Clinic Patient Chart No.:</b>		
Species: Canine Feline Equine	Sex: Female Neutered/Spayed	
Other: _____	Male Intact	
<b>THIS LAB DOES NOT ACCEPT PRIMATE SAMPLES.</b>		
Breed:	Age:	

**Case History:** *(history, medication, clinical signs, pertinent lab findings, tentative diagnosis)*

Other tissues/specimens submitted to: (check all that apply)

Bacteriology/Mycology  
  Biopsy - Anatomical Pathology  
  Clinical Pathology  
 Cytology - Clinical Pathology  
  Endocrinology  
  Immunology/Virology  
 Necropsy - Anatomical Pathology  
  Parasitology

**Immunology/Virology** **865-974-5880**

<b>For lab use only</b>	Date:	Accession #:
<b>SPECIMEN REQUIREMENTS:</b>		
<b>A</b> = Aspirate	<b>F</b> = Feces	<b>S</b> = Serum
<b>B</b> = Blood	<b>FL</b> = Fluid	<b>SK</b> = Skin scraping
<b>CSF</b> = Cerebrospinal Fluid	<b>H</b> = Hair Pluck	<b>T</b> = Tissue
		<b>U</b> = Urine
		<b>SW</b> = Swab Top

**NOTE:** Additional fees apply for STAT and Pooling

CANINE			
<input type="checkbox"/> Distemper IgG Titer	S	<input type="checkbox"/> MDR1 Gene Mutation	B
<input type="checkbox"/> Distemper RT-PCR	B, CSF, T or U	<input type="checkbox"/> Parvovirus IFA (Titer)	S
<input type="checkbox"/> Distemper Vaccine Screen	S	<input type="checkbox"/> Parvovirus by qPCR	F or T
<input type="checkbox"/> Ehrlichia Canis Titer IFA	S	<input type="checkbox"/> Parvovirus Vaccine Screen	S
<input type="checkbox"/> Herpesvirus IFAT	SL	<input type="checkbox"/> Rocky Mtn Spotted Fever by IFA (Titer)	S
<input type="checkbox"/> Herpesvirus IFA Titer	S	<input type="checkbox"/> Tick Titer Panel by IFAT (Titer)	S
<input type="checkbox"/> Herpesvirus by qPCR	SW or T	<input type="checkbox"/> Lyme Disease IFA (Titer)	S

FELINE			
<input type="checkbox"/> Chlamydomphila by qPCR	F, SW or T	<input type="checkbox"/> Herpesvirus by IFAT	SL
<input type="checkbox"/> Coronavirus (FCoV) by qRT-PCR	FL, F or T	<input type="checkbox"/> Herpesvirus by Real-time PCR	SW
<input type="checkbox"/> Calicivirus RT-PCR	SW	<input type="checkbox"/> Infectious Peritonitis (FIP) by IFAT	S
<input type="checkbox"/> Calicivirus Titer	S	<input type="checkbox"/> Leukemia Virus (FeLV) by PCR	B
<input type="checkbox"/> Demodex gatoi PCR	SK or H	<input type="checkbox"/> Mycoplasma haemofelis PCR	B
<input type="checkbox"/> Herpes & Calici RT PCR and RT-PCR Panel	SW	<input type="checkbox"/> Panleukopenia by Real-time PCR	T
<input type="checkbox"/> Herpesvirus by IFA (Titer)	S	<input type="checkbox"/> Upper Respiratory Panel	SW

EQUINE			
<input type="checkbox"/> Adult Diarrhea qPCR Panel*	F	<input type="checkbox"/> Herpesvirus 1 and 4 by qPCR	SW, T or B
<input type="checkbox"/> Foal Diarrhea qPCR Panel*	F	<input type="checkbox"/> Influenza (Serology)	S
<input type="checkbox"/> EIA Routine AGID	S	<input type="checkbox"/> Respiratory RT-PCR Panel	SW or W
<input type="checkbox"/> EIA Routine AGID - Digital	S	<input type="checkbox"/> Streptococcus equi by Real-time PCR	SW or W
<input type="checkbox"/> EIA STAT by ELISA	S	<input type="checkbox"/> Potomac Horse Fever IFA	S
<input type="checkbox"/> EIA STAT by ELISA - Digital	S		

RUMINANT			
<input type="checkbox"/> Abortion RT PCR and RT-PCR Panel*	T	<input type="checkbox"/> Respiratory Syncytial Virus	SW
<input type="checkbox"/> Coronavirus (BCoV)	F or B	<input type="checkbox"/> Respiratory Panel	SW or T
<input type="checkbox"/> Diarrhea Panel	F or B	<input type="checkbox"/> Viral Diarrhea Virus	B, T or F
<input type="checkbox"/> Infectious Bovine Rhinotracheitis	SW or T	<input type="checkbox"/> Pregnancy by ELISA	S

EXOTIC & OTHER			
<input type="checkbox"/> Bartonella Genera PCR	B	<input type="checkbox"/> Mycoplasma haemolama PCR	B
<input type="checkbox"/> Bartonella henselae by IFA	S	<input type="checkbox"/> Sexing, Psittacine Blood PCR	B
<input type="checkbox"/> IgG Level (RID) - Camelid, Equine	S	<input type="checkbox"/> Turtle Respiratory Panel	SW

MISCELLANEOUS			
<input type="checkbox"/> Antinuclear Antibody (ANA) by IFA	S	<input type="checkbox"/> Platelet Bound Antibody Flow	B
<input type="checkbox"/> Electrophoresis, Protein	S or F	<input type="checkbox"/> Red Blood Cell Surface Antibody Flow	B
<input type="checkbox"/> Electrophoresis, Urine	U	<input type="checkbox"/> Sequencing	Call Lab
<input type="checkbox"/> Immunophenotyping Flow - Lymphocyte	B or A	<input type="checkbox"/> Virus Isolation	Call Lab

\*Denotes a Send-Out test

**Ship to:** UTCVM Immunology/Virology Laboratory  
2407 River Drive, Room A239 | Knoxville, TN 37996-4543

865-974-5880    865-974-5644    [immunologyvirology@utk.edu](mailto:immunologyvirology@utk.edu)

<https://vetmed.tennessee.edu/vmc/dls/immunology-virology/>

For the most up-to-date test listings, lab forms, pricing, submission guidelines, and shipping instructions visit [vetmed.tennessee.edu/vmc/dls](http://vetmed.tennessee.edu/vmc/dls)