

Application Form CAT



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**VIRO VET
 DIAGNOSTIK**
 UG (haftungsbeschränkt)



Sender (Please use block letters or stamp)

Owner

Name: _____

Street: _____

Phone: _____

Fax: _____

ZIP/Town: _____

Invoice to

Sender

Owner

 (Signature of the owner if charging the costs)

Patient

Sex: ♂ m ♀ f

Animal Name: _____

Date of sampling: _____

Animal ID: _____

Sample ID: _____

Age: _____

Anamnesis: _____

Sample Material(s)

- | | |
|---|--|
| <input type="checkbox"/> S serum | <input type="checkbox"/> L CNF |
| <input type="checkbox"/> PI plasma | <input type="checkbox"/> F feces |
| <input type="checkbox"/> EB EDTA-blood | <input type="checkbox"/> U urine |
| <input type="checkbox"/> NT nasal swab | <input type="checkbox"/> B biopsy |
| <input type="checkbox"/> RT pharyngeal swab | <input type="checkbox"/> SP sperm |
| <input type="checkbox"/> GT genital swab | <input type="checkbox"/> Org organs |
| <input type="checkbox"/> KT conjunctival swab | <input type="checkbox"/> Pu puncture fluid |
| <input type="checkbox"/> G scrape | <input type="checkbox"/> _____ |

Requested Test(s): (Please tick!)

Disease/ Virus	Test	Material
No specific suspicion	Virus detection: <input type="checkbox"/> ZK	Diverse Materials
Feline viral rhinotracheitis		
Feline herpesvirus (FeHV)	Serology: <input type="checkbox"/> SNT	S (approx.0,5ml)
	Virus detection: <input type="checkbox"/> ZK <input type="checkbox"/> PCR	EB, NT, RT, KT, Org
Feline calicivirus (FCV)	Serology: <input type="checkbox"/> SNT	S (approx.0,5ml)
	Virus detection: <input type="checkbox"/> ZK <input type="checkbox"/> PCR <input type="checkbox"/> EM	NT, RT, KT, EB, Org
Panleukopenia		
Feline parvovirus (FPV)	Serology: <input type="checkbox"/> SNT	S (approx.0,5ml)
	Virus detection: <input type="checkbox"/> ZK <input type="checkbox"/> PCR <input type="checkbox"/> IEM	F, Org, EB
Feline infectious peritonitis (FIP) / feline coronavirus infection		
Feline coronavirus (FCoV)	Serology: <input type="checkbox"/> IF	S (approx.0,5ml)
	Virus detection: <input type="checkbox"/> PCR	EB, Pu, F, Org

Feline Leukemia			
Feline leukemia virus (FeLV)	Virus detection:	<input type="checkbox"/> PCR (Provirus)	EB, KM
Feline immunodeficiency syndrome (feline AIDS)			
Feline immunodeficiency virus (FIV)	Serology:	<input type="checkbox"/> IB (confirmational test)	S (approx.0,5ml)
	Virus detection:	<input type="checkbox"/> PCR	EB, Org
Other Diseases			
Diarrhea e.g. rotavirus/ coronavirus	Virus detection:	<input type="checkbox"/> EM	F
Poxvirus (PV)		<input type="checkbox"/> ZK <input type="checkbox"/> PCR ¹ <input type="checkbox"/> EM	G, B
Feline spuma virus (FFV)		<input type="checkbox"/> PCR	EB, Org
Tick borne encephalitis virus (TBEV)	Serology:	<input type="checkbox"/> SNT	S, L (approx.0,5ml)
	Virus detection:	<input type="checkbox"/> PCR	L, ticks
Borna disease virus (BDV)	Serology:	<input type="checkbox"/> IF	S (approx.0,5ml)
	Virus detection:	<input type="checkbox"/> PCR	EB, L, Org
Vaccine induced antibodies / Detection of maternally derived antibodies ^{3,}			
Rabies virus ²		<input type="checkbox"/> SNT	
Feline herpesvirus	Serology:	<input type="checkbox"/> SNT	S (approx. 1,5ml)
Feline parvovirus ⁴		<input type="checkbox"/> HAH	
Felines calicivirus		<input type="checkbox"/> SNT	
<input type="checkbox"/> Others:			
Signature: _____			
(Veterinarian)			

Abbreviations

ZK:	Propagation of virus in cell culture
PCR:	Polymerase chain reaction (detection of viral genomes)
EM:	Electron microscopy
IEM:	Immune-EM
SNT:	Serum neutralization test (antibody detection)
IB	Immuno-blot (antibody detection – conformational test for rapid methods)

1 not accredited

2 for import / export please use a separate application form!

3 for all 4 tests please send a minimum of 2 ml

4 for calculation of the optimal time point of vaccination please indicate the age of the puppy / alternatively the bitch can be tested before delivery