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## **DNA ISH Submission Form**

Single virus tests for more than one slide/block per submission will be charged the base rate (\$35.00) plus \$10.00 for each additional test.

Please inquire for any additional tests not listed below.

For Laboratory Use Only

Amount

Phone: 706.542.2919 Fax: 706.542.5828						or Purchase Order No.							
Name						Results with be FAXed unless otherwise requested							
Hospital:						Phone: ( )							
Address:						FAX: ( )							
City	State:		Zip:		Dedicated FAX? ( ) Yes ( ) No								
For each sample submitted, please	e fill in the i	nformation requested	and Print	Clearly. To ensure samp	les meet th	ne requirements for	or the test	requested, please r	efer to Slide	e Requirements f	or spec	cifics.	
	Circle t	he underlined test(s	) requeste	ed for each patient and p	olease not	te the number of	slides tha	at need to be subm	nitted.				
1 Owner Sample Date					Patient ID		Species		Breed		Age	Sex	
Psittacine Beak and Feather Disease Virus	3 slides \$35.00	Avian Polyoma <u>Virus</u>	3 slides \$35.0	I IIIEASEA VITIE	3 slides \$35.00	Adenovirus	3 slides \$35.00	Generic Circovirus	3 slides \$35.00	Hepatitis Pane Pacheco's, Ade Polyoma viruse:	no,	6 slides \$50.00	
West Nile Virus	3 slides \$35.00	Koi Herpes Virus	3 slides \$35.0	I VIIIE	3 slides \$35.00	Eastern Equine Encephalitis	3 slides \$35.00	Ophidian Paramyxovirus	3 slides \$35.00	<u>Other</u>		call for price	
2 Owner Sample Date					Patient ID		Species		Breed		Age	Sex	
Psittacine Beak and Feather Disease Virus	3 slides \$35.00	Avian Polyoma Virus	3 slides \$35.00	Pacheco's Disease Virus	3 slides \$35.00	Adenovirus	3 slides \$35.00	Generic Circovirus	3 slides \$35.00	Hepatitis Pane Pacheco's, Ade Polyoma viruse	eno,	6 slides \$50.00	
West Nile Virus	3 slides \$35.00	Koi Herpes Virus	3 slides \$35.00	Aleutian Disease Virus	3 slides \$35.00	Eastern Equine Encephalitis	3 slides \$35.00	Ophidian Paramyxovirus	3 slides \$35.00	<u>Other</u>		call for price	

Submission Number Date Received:

Check No.

Signature Required for Sample Testing

tissue is submitted instead of slides, a \$20.00 charge will be added for slide preparation.

My signature certifies that I have read and understand the instructions given for sample submission. Additionally, I accept that the records of the DNA in situ Hybridization Laboratory of the University of Georgia's College of Veterinary Medicine are confidential to the extent allowed by the law and the policies of the University of Georgia as defined by the Board of Regents. No results can be given by telephone. In no event shall the DNA in situ Hybridization Laboratory, the personnel of the DNA in situ Hybridization Laboratory, the College of Veterinary Medicine, the University of Georgia, the Board of Regents nor the State of Georgia be liable for incidental, consequential, special or other damages arising from the testing of sample(s) or the providing of test results.

SLIDE REQUIREMENTS: For each case, please submit one hematoxylin and eosin (HE) stained slide and three unstained paraffin sections on ProbeOn(TM) Plus slides when ordering one or two viral probes for nucleic acid hybridization. One HE and six unstained paraffin sections on ProbeOn(TM) Plus slides should be submitted for the hepatitis panel or when any three or four viral probes are requested. Unstained paraffin sections should be cut at 3 microns and placed towards the bottom of the slide. Only Fisher Biotech ProbeOn(TM) Plus microscope slides (Catalog No. 15-188-52, Fisher Scientific, Pittsburgh, PA) or equivalent capillary gap slides should be used for the unstained sections. If a paraffin block or fixed

PAYMENT and REPORTING: Payment is requested with sample submission. In order to keep the prices for the tests as low as possible, we will not be able to accept credit cards for payment. Checks should be made payable to "University of

Georgia". Results will be Faxed unless otherwise requested if a FAX number is given. The receiver accepts responsibility for the security of the receiving FAX machine. We will not phone before sending a FAX. Billing Address if Different from Above