

## Feline Infectious Disease

*N.B. Use separate forms for each cat*

Submitting vet name: _____ Practice name & address: _____ Postcode: _____ Tel: _____ Fax: _____ Results email: _____	Animal name: _____ Owner surname: _____ Breed: _____ Sex: _____ Age or D.O.B.: _____ Any previous ref: _____ Date sampled: _____ Please send VTM*: <input type="checkbox"/>
---	---

**Samples sent (Please tick box)** *It is very important to specify which type of samples are sent, both on the sample tubes and on this form*

Hep  EDTA  Serum  Plasma  Ascites  Pleural Effusion  Faeces  Urine  Other (Specify) \_\_\_\_\_

SWABS (Specify sample origin) VTM\*  Charcoal\*  Dry

### Brief clinical history

**\* Viral Transport Medium and Bacterial Transport Medium are FREE on request**

Please enclose printed clinical notes if appropriate and any drugs at time of sampling

Please select results of any FeLV or FIV IN-HOUSE testing you performed:  
 FeLV POSITIVE:  FeLV NEGATIVE:   
 FIV POSITIVE:  FIV NEGATIVE:

### COMMON DISEASE PROFILES

*To qualify for profile discounts, samples must be sent together*

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Dry FIP profile</b><br><i>FCoV antibodies, haematology, A:G ratio, <math>\alpha</math>1-AGP</i>  | 2 x 1ml heparin blood & 1ml EDTA blood  |
| <input type="checkbox"/> <b>Wet FIP profile</b><br><i>FCoV antibodies, fluid analysis, <math>\alpha</math>1-AGP</i>  | 1ml effusion in plain & 1 ml effusion in EDTA & 1ml heparin blood   |
| <input type="checkbox"/> <b>Feline retrovirus profile</b><br><i>FeLV antigen, FIV antibodies</i>   | 1ml heparin blood & 1ml EDTA blood  |
| <input type="checkbox"/> <b>Gingivitis profile</b><br><i>Resp. virus isolation (herpesvirus &amp; calicivirus), FeLV, FIV</i>                                      | Gingival swab in VTM* & 1ml heparin blood & 1ml EDTA blood  |
| <input type="checkbox"/> <b>Feline conjunctivitis profile</b><br><i>FHV PCR, C. felis PCR, Mycoplasma felis culture &amp; PCR</i>                                  | Conjunctival swab (VTM* OR dry) <b>Must not contain fluorescein AND</b> conjunctival swab in charcoal* <b>Required for Mycoplasma</b> |
| <input type="checkbox"/> <b>Feline triple respiratory profile</b><br><i>FHV PCR, C. felis PCR, resp. virus isolation (herpesvirus &amp; calicivirus)</i>           | Conjunctival swab (VTM* OR dry) & oropharyngeal swab in VTM*  |
| <input type="checkbox"/> <b>Feline diarrhoea profile</b><br><i>Bacteriology, parasitology NOT Cryptosporidium</i>  | > 10g faeces  |
| <input type="checkbox"/> <b>Feline diarrhoea profile PLUS</b><br><i>Bacteriology, parasitology INC. Cryptosporidium, FCoV PCR, Giardia PCR &amp; T. foetus PCR</i> | > 15g faeces- NO cat litter   |
| <input type="checkbox"/> <b>Feline pyrexia profile</b><br><i>FeLV, FIV, FCoV, haematology, ALP, ALT</i>  | 2 x 1ml heparin blood & 2 x 1ml EDTA blood & 2 air-dried smears   |
| <input type="checkbox"/> <b>Old thin cat profile</b><br><i>FIV, T4, urea, creatinine, ALP, ALT</i>   | 2 x 1ml heparin blood or serum  |
| <input type="checkbox"/> <b>Feline uveitis profile</b><br><i>FeLV, FIV, FCoV, Toxoplasma</i>   | 1ml heparin blood & 1ml serum & 1ml EDTA blood  |
| <input type="checkbox"/> <b>Feline neurological profile</b><br><i>FeLV, FIV, FCoV, Toxoplasma</i>  | 1ml heparin blood & 1ml serum & 1ml EDTA blood  |
| <input type="checkbox"/> <b>Feline parvovirus profile</b><br><i>FPV PCR and FPV antibodies</i>   | Faeces (NO cat litter) or gut contents & 1ml serum  |

## SINGLE TESTS

- |  |  |
|--|--|
| <input type="checkbox"/> <b>α1-AGP</b>   | 1ml heparin blood or serum   |
| <input type="checkbox"/> <b>FCoV antibodies</b> ( <i>immunofluorescence</i> )                        | 1ml heparin blood or serum   |
| <input type="checkbox"/> <b>FCoV real-time PCR</b>   | For FCoV shedding: 5g faeces (NO cat litter)<br>For wet FIP confirmation: 1ml effusion in EDTA or plain tube |
| <input type="checkbox"/> <b>FeLV antigen</b> ( <i>p27 ELISA</i> ) ( <i>screening test</i> )          | 1ml heparin blood & 1ml EDTA blood   |
| <input type="checkbox"/> <b>FeLV virus isolation</b> ( <i>to confirm in-clinic positive test</i> )   | 1ml heparin blood & 1ml EDTA blood   |
| <input type="checkbox"/> <b>FeLV real-time PCR</b> ( <i>to confirm in-clinic positive test</i> )     | 1ml heparin blood & 1ml EDTA blood   |
| <input type="checkbox"/> <b>FIV antibodies</b><br>( <i>immunofluorescence</i> )                      | 1ml heparin blood or serum   |
| <input type="checkbox"/> <b>Respiratory virus isolation</b> ( <i>herpesvirus &amp; calicivirus</i> ) | Oropharyngeal swab in VTM*   |
| <input type="checkbox"/> <b>Feline herpesvirus real-time PCR</b>                                     | Oropharyngeal and/or conjunctival swab in VTM* or dry<br><b>Must not contain fluorescein</b>                 |
| <input type="checkbox"/> <b>Chlamydomphila felis PCR</b>   | Conjunctival swab in VTM* or dry   |
| <input type="checkbox"/> <b>Feline pox</b> ( <i>Cowpox virus isolation</i> )                         | Scab/crust/lesion material in a sterile container or in VTM*   |
| <input type="checkbox"/> <b>Feline parvovirus antibodies</b> ( <i>HAI</i> )                          | 1ml serum  |
| <input type="checkbox"/> <b>Feline parvovirus PCR</b>  | Faeces or gut contents– NO cat litter  |

## BACTERIOLOGY AND MYCOLOGY

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Full culture and sensitivity</b>                           | Sample origin: <input type="text"/>  |
| <input type="checkbox"/> <b>Aerobic culture and sensitivity</b> ( <i>urine, ears</i> ) | Sample origin: <input type="text"/>  |
| <input type="checkbox"/> <b>Enrichment culture</b> ( <i>blood, joint fluid</i> )       | Sample origin: <input type="text"/>  |
| <input type="checkbox"/> <b>Fungal culture</b> including Dermatophytes                 | Plucked hair sample or toothbrush combing                                  |
| <input type="checkbox"/> <b>Mycoplasma felis culture and real-time PCR</b>             | Swab in bacterial transport medium*<br>& BAL samples in plain sterile tube |

**PLACE SWABS FOR BACTERIOLOGY IN BACTERIAL TRANSPORT MEDIUM (FREE ON REQUEST)**

## PARASITOLOGY

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Toxoplasma gondii antibodies</b> ( <i>IFA test</i> )                            | 1ml <u>SERUM ONLY</u> (not plasma)                    |
| <input type="checkbox"/> <b>Protozoa screen</b> ( <i>Giardia, Isopora etc...</i> )                          | Faecal sample (at least 5g)                           |
| <input type="checkbox"/> <b>Feline Parasitology PCR</b><br><i>Giardia lamblia qPCR &amp; T.foetus q PCR</i> | Faecal sample (at least 5g)                           |
| <input type="checkbox"/> <b>Cryptosporidium spp</b> ( <i>ZN staining</i> )                                  | Faecal sample (at least 5g)                           |
| <input type="checkbox"/> <b>Aelurostrongylus abstrusus</b> ( <i>modified Baermann technique</i> )           | Bronchoalveolar lavage preferred/sputum/faeces (>10g) |
| <input type="checkbox"/> <b>Nematode and cestode egg screen</b> ( <i>McMaster technique</i> )               | Faecal sample (at least 10g)                          |
| <input type="checkbox"/> <b>Ectoparasite screen</b>   | Skin scrape on a slide (no sellotape or KOH)          |

Any other testing (please specify):

For more information or to download submission forms please visit our website at [www.glasgow.ac.uk/vds](http://www.glasgow.ac.uk/vds)

Residual samples may be used for approved research, test development or teaching.

If the client indicates that they would prefer that residual samples are not used in this way, please check this box

Updated: April 2024