



<b>AVC Only</b>
<b>Lab #:</b>

# Companion Animal Virology Submission Form

(Canine, Feline, Equine, Exotic)

**Atlantic Veterinary College**  
University of Prince Edward Island  
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Charlottetown, PE  
C1A 4P3

**Diagnostic Services**  
(902)566-0863 (General Inquiries)  
(902)566-0877 (Virology)  
(902)566-0723 (Fax)

PLEASE COMPLETE ALL FIELDS, PRINT LEGIBLY, AND ENTER ONLY ONE OWNER PER FORM

<b>Billing ID #</b>	<b>Your internal case/Reference No.:</b>
<b>Veterinarian/Submitter Name:</b> <b>Clinic/Laboratory Name:</b> <b>Address:</b> <b>Telephone No.:</b> <b>Fax No.:</b>	<b>Owner Name:</b> <b>Address:</b>

<b>Reason For Testing:</b>  <input type="radio"/> Clinical/Diagnostic <input type="radio"/> Surveillance/Monitoring <input type="radio"/> Research/Development  <input type="radio"/> Teaching	<b>Species:</b> <b>Breed:</b> <b>Date of Birth: (DD/MM/YYYY)</b>  <b>Sex:</b> <input type="radio"/> F <input type="radio"/> FS <input type="radio"/> M <input type="radio"/> MC <input type="radio"/> UN	<b>Clinical History or other relevant information:</b>
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<p><b>Canine:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Canine Adenovirus-1 (CAV-1) – <b>FAT</b></li> <li><input type="radio"/> Canine Adenovirus-1 (CAV-1) – <b>SN</b></li> <li><input type="radio"/> Canine Adenovirus-1 (CAV-1) – <b>VI*</b></li> <li><input type="radio"/> Canine Coronavirus (CCV) – <b>SN</b></li> <li><input type="radio"/> Canine Distemper (CDV) – <b>FAT</b></li> <li><input type="radio"/> Canine Distemper (CDV) – <b>RT-rtPCR</b></li> <li><input type="radio"/> Canine Distemper (CDV) – <b>SN</b></li> <li><input type="radio"/> Canine Herpesvirus (CHV) – <b>SN</b></li> <li><input type="radio"/> Canine Herpesvirus (CHV) – <b>VI*</b></li> <li><input type="radio"/> Canine Parainfluenza (CPI3) – <b>SN</b></li> <li><input type="radio"/> Canine Parvovirus (CPV) – <b>ELISA</b></li> <li><input type="radio"/> Canine Parvovirus (CPV) – <b>FAT</b></li> <li><input type="radio"/> Canine Parvovirus (CPV) – <b>HAI</b></li> <li><input type="radio"/> Canine Parvovirus (CPV) – <b>rtPCR</b></li> <li><input type="radio"/> Canine Vaccine Panel 1: (CPV/CDV)-<b>Vaccine Titres</b></li> <li><input type="radio"/> Canine Vaccine Panel 2: (CPV/CDV/CAV-1) – <b>Vaccine Titres</b></li> <li><input type="radio"/> Canine Vaccine Panel 3: (CPV/CDV/CCV) – <b>Vaccine Titres</b></li> <li><input type="radio"/> Other: _____</li> </ul> <p><b>* Tests marked with an asterisk require pre-approval from the laboratory. Contact the laboratory for more information</b></p>	<p><b>Feline:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Chlamydomphila – <b>rtPCR</b></li> <li><input type="radio"/> Feline Calicivirus (FCV) – <b>RT-rtPCR</b></li> <li><input type="radio"/> Feline Calicivirus (FCV) – <b>SN</b></li> <li><input type="radio"/> Feline Calicivirus (FCV) – <b>VI*</b></li> <li><input type="radio"/> Feline Herpesvirus-1 (FHV-1) – <b>FAT</b></li> <li><input type="radio"/> Feline Herpesvirus-1 (FHV-1) – <b>PCR</b></li> <li><input type="radio"/> Feline Herpesvirus-1 (FHV-1) – <b>SN</b></li> <li><input type="radio"/> Feline Herpesvirus-1(FHV-1) – <b>VI*</b></li> <li><input type="radio"/> Feline Infectious Peritonitis (FIP) – <b>FAT</b></li> <li><input type="radio"/> Feline Infectious Peritonitis (FIP) – <b>IFAT</b></li> <li><input type="radio"/> Feline Infectious Peritonitis(FIP)-<b>RT-PCR</b></li> <li><input type="radio"/> Feline Panleukopenia (FPL) – <b>ELISA</b></li> <li><input type="radio"/> Feline Panleukopenia (FPL) – <b>FAT</b></li> <li><input type="radio"/> Feline Panleukopenia (FPL)– <b>rtPCR</b></li> <li><input type="radio"/> FeLV/FIV – <b>ELISA</b></li> <li><input type="radio"/> <b>Other</b> _____</li> </ul> <p><b>* Tests marked with an asterisk require pre-approval from the laboratory. Contact the laboratory for more information</b></p>	<p><b>Equine:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Equine Coronavirus – <b>RT-rtPCR</b></li> <li><input type="radio"/> Equine Herpesvirus-1 (EHV-1) –<b>FAT</b></li> <li><input type="radio"/> Equine Herpesvirus-1 (EHV-1) –<b>rtPCR</b></li> <li><input type="radio"/> Equine Herpesvirus-1 (EHV-1) –<b>VI*</b></li> <li><input type="radio"/> Equine Herpesvirus-4 (EHV-4) – <b>PCR</b></li> <li><input type="radio"/> Equine Influenza (EIV) – <b>FAT</b></li> <li><input type="radio"/> Equine Influenza Type A- <b>RT-rtPCR</b></li> <li><input type="radio"/> Equine Influenza – <b>VI*</b></li> <li><input type="radio"/> Rotavirus (subgroup A) – <b>RT-PCR</b></li> <li><input type="radio"/> West Nile Virus - <b>PCR</b></li> <li><input type="radio"/> <b>Other:</b> _____</li> </ul> <p><b>* Tests marked with an asterisk require pre-approval from the laboratory. Contact the laboratory for more information</b></p>	<p><b>Specimen:</b></p> <p><b>Collection Date:</b> (DD/MM/YYYY)</p> <ul style="list-style-type: none"> <li><input type="radio"/> W. Blood</li> <li><input type="radio"/> Serum</li> <li><input type="radio"/> EDTA</li> <li><input type="radio"/> Urine</li> <li><input type="radio"/> Swab</li> </ul> <p>Identify: _____</p> <ul style="list-style-type: none"> <li><input type="radio"/> Fluid</li> <li><input type="radio"/> Tissues</li> </ul> <p>Identify: _____</p> <ul style="list-style-type: none"> <li><input type="radio"/> Feces</li> <li><input type="radio"/> Semen</li> <li><input type="radio"/> Other: _____</li> </ul> <hr/> <p><b>Animal ID:</b></p> <ul style="list-style-type: none"> <li>● _____</li> <li>● _____</li> <li>● _____</li> </ul> <p><b>For additional animals use page 2</b></p>
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**Comments/History (Continued):**

Sample	Identification	Sample	Identification
1		11	
2		12	
3		13	
4		14	
5		15	
6		16	
7		17	
8		18	
9		19	
10		20	

Note: Specimen(s) submitted for testing including agents isolated and intellectual property that can arise from the processing of

Please contact the laboratory by phone at 902-566-0877 or by email at [rdvsavcds@upei.ca](mailto:rdvsavcds@upei.ca) or refer to our *Diagnostic Services Reference Guide* for further information about test selection, specimen selection, or for any other information related to the services of Regional Diagnostic Virology Services at AVC.

**Filling out the Companion Animal Submission Form:**

1. The *Companion Animal Submission Form (QA-F-101A)* can be requested from AVC Diagnostic Services, found on our website, <https://diagnosticservices.avc.upei.ca> or from a provincial veterinary laboratory. Please complete all fields and write legibly
2. Place the submission form in a separate plastic bag during shipment.

BOX TO BE CHECKED IF SUBMITTING VETERINARIAN HAS INDICATED SUBMISSION QUALIFIES FOR P.E.I. PROVINCIAL GOVERNMENT SUBSIDY

Note: Specimen(s) submitted for testing including agents isolated and intellectual property that can arise from the processing of specimens become the property of UPEI. Arrangements should be made in writing at the time of submission if there are any issues or concerns.