Avian Tests

INFECTIOUS DISEASES LABORATORY

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For Laboratory Use Only

IDL Submission #:

Date Received:

Received: cold; or at RT; or above

VET NAME/ HOSPITAL:			OWNER:			
ADDRESS:			PATIENT ID:			
CITY/ STATE/ ZIP:			SPECIES: BREED:			
PHON Fax:	NE:	SEX: AGE Is this sample for a recheck? SAMI Yes No		E:		
EMAI	L(RESULTS): L (BILLING):			PLE DATE:		
X	Assay	Required Sample(s) (CIRCLE SAMPLE(S) to be TESTED per ASSAY)			Type of Test	Pric
	Avian Polyomavirus PCR	Choanal/Cload	cal Swab or Whole Blood		PCR	\$21
	Avian Polyomavirus Antibody Titer	Sterile Separ	ated Non-hemolyzed Serum		Virus Neutralization	\$17
	Avian Polyomavirus Panel	Choanal/Cloacal Swab and Whole Blood and Separated Sterile Non-hemolyzed Serum			PCR, Antibody titer	\$53
	Bornavirus (1 test) (send on cold pack)	EDTA Blood or Feces/Fecal Swab or Brain Tissue			RT-PCR	\$20
	Bornavirus (2 tests) (send on cold pack)	EDTA Blood, Brain Tissue, Feces/Fecal Swab Choose			RT-PCR	\$40
	<i>Chlamydia</i> spp. PCR	Conjunctival/Choanal/Cloacal Swab or Whole Blood			PCR	\$2
	Chlamydia spp. (EBA) Antibody Titer				Agglutination	\$2
	Chlamydia spp. (IFA) Antibody Titer				IFA	\$4
	Chlamydia Panel with EBA Antibody Titer			Serum	PCR, Antibody titer	\$5
	Chlamydia Panel with IFA Antibody Titer	Swab & Blood & Separated Non-hemolyzed Serum			PCR, Antibody titer	\$8
	Chlamydia Panel with EBA & IFA Titers	Swab & Blood & Separated Non-hemol		Serum	PCR, Antibody titer	\$9
	Aerobic Culture and Sensitivity (Bacterial)	Sterile Tissue Swab (Please list tissue sampled)		Culture	\$5	
	Pacheco's Disease Virus PCR	Choanal/Cloacal Swab or Whole Blood			PCR	\$2
	Pacheco's Disease Virus Antibody Titer	Sterile Separated Non-hemolyzed Serum			Virus Neutralization	\$1
	Pacheco's Disease Virus Panel	Swab and Whole Blood and Sterile Separated Non- hemolvzed Serum			PCR and Antibody titer	\$5
	Psittacine Circovirus 1 - (PBFDV)	Whole Blood or Environmental Swab			PCR	\$2
	Psittacine Circovirus 2 - (PBFDV)	Whole Blood or Environmental Swab			PCR	\$2
	Psittacine Circovirus 1+2 Panel	Whole Blood or Environmental Swab		PCR	\$3	
	Psittacine Circovirus 1- Feather Pathology (Please include History on back)	Whole Blood and Blood Feather with Skin attached in 10% buffered formalin			PCR and Histopathology	\$6
	Psittacine Circovirus 1 + 2 - Feather Path. (Please include History on back)	Whole Blood a 10% buffered	and Blood Feather with Skin att formalin	ached in	PCR and Histopathology	\$8
	Salmonella spp.	Swab of Excre	ement or Cut Tissue		PCR	\$2
	Sex Identification (validated for psittacines)	Whole Blood		PCR	\$2	
	Virus Isolation	Fresh Tissue (frozen or on ice)		Cell culture	\$7	
	West Nile Virus Antibody Screening	Sterile Separ	ated Non-hemolyzed Serum (0.	5 ml)	Plaque-Inhibition	\$2

Veterinarian's Signature (Required for testing):

Statement on Ownership of Diagnostic Specimens: Submission of specimens for testing by the University of Georgia Infectious Diseases Laboratory (IDL) using any of our submission forms constitutes a contract for delivery of test results and associated interpretations to the submitter. The submitted specimens, as well as products, isolates, and data derived from them become the property of the University of Georgia. Submitted specimens may be returned to clients if prior arrangements are made with the lab. In the special case of carcasses submitted for necropsy, remains will only be released to registered pet cremation services