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CLEAR ALL

(may incur additional charges)

Previous Case



VETERINARY DIAGNOSTIC LABORATORY

PRINT

University of Illinois at Urbana-Champaign PO Box U, 2001 South Lincoln Avenue

Urbana, IL 61802-6178

Tel: (217) 333-1620 **Fax:** (217) 244-2439

Email: vdloffice@vetmed.illinois.edu
Website: vetmed.illinois.edu/vdl

VETERI	NARIAN/CLIENT	RESULTS FAX EMAIL CLINIC EMAIL VET ONLINE/APP		
	Hospital/Organization	COPY RESULTS TO (NAME WITH FAX OR EMAIL BELOW)		
Address				
		SEND □ SUBMISSION FORMS □ FEE SCHEDULE		
Сітү	STATE ZIP	OWNER NAME		
PHONE		Сіту	STATE	ZIP
CLINIC/ORG EMAIL VET/CLIENT EMAIL		BREED		Age
P.O./ACCT#/FOP		SPECIES		
FEIN#		SEX M F MC FS	WEIGHT	
BILLING COMMENTS (Owner billing not available)		ANIMAL ID	☐ More Id's On B	
		DATE SENT	☐USPS ☐UPS ☐FEDEX ☐COUR	
		1 1	☐ DROP OFF ☐ OTHER	₹
CONDITIONS SUSPECTED (HISTORY ON PAGE 2)		DATE COLLECTED / /	SPECIMEN SERUM HEPARIN TISSUE SWAB OTHER	
		1 1	☐ TISSUE ☐ SWAB	OTHER
	Tests Available *ADDITIONAL TESTING MAY BE AVAILABL	E, CHECK OUR WEBSI	TE FOR DETAILS*	Single Sample Price
	☐ Box Turtle Upper Respiratory Panel - (qPCR: FV3, Myco, TerHV1) \$115		\$115	
☐ Box Turtle Health Surveillance Panel (qPCR: FV3, TerHV1, TerVH2, Myco, Adeno)			\$185	
	☐ Turtle Upper Respiratory Panel (qPCR: FV3, cPCR: Herpes, Myco)			\$150
	☐ Turtle Health Surveillance Panel (qPCR: FV3, cPCR: Herpes, Myco, Adeno)			\$225
☐ qPCR for FV3 (Ranavirus)			\$50	
☐ qPCR for Pan-ranavirus		\$50		
☐ qPCR Ophidiomyces (snake fungal disease)				\$50

qPCR Emydid Mycoplasma sp.

cPCR Consensus herpesvirus (includes sequencing)

cPCR Consensus adenovirus (includes sequencing)

cPCR Consensus Mycoplasma sp. (includes sequencing)

\$50

\$100

\$100

\$100

HISTORY OR ADDITIONAL INFORMATION: Indicate signs, duration, stress factors, previous disease, treatments, post-mortem findings, pertinent feed or feed activities, time period animal was on premises, and clinical lab results (attach additional sheets as necessary).
refunent leed of leed activities, time period animal was on premises, and clinical lab results (attach additional sheets as necessary).

	TOTAL NUMBER OF SAMPLES MULTIPLE SPECIMEN IDENTIFICATION				
No.	Specimen ID	No.			
1		26			
2		27			
3		28			
4		29			
5		30			
6		31			
7		32			
8		33			
9		34			
10		35			
11		36			
12		37			
13		38			
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15		40			
16		41			
17		42			
18		43			
19		44			
20		45			
21		46			
22		47			
23		48			
24		49			
25		50			

No.	Specimen ID
26	
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ACCESSION#_

Attach Additional Sheets as Necessary

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