

REPTILE and AMPHIBIAN SUBMISSION FORM



411 East McDermott Drive Ste B. Allen, Texas 75002
Phone: (972)960-2221 Fax: (972)960-1997 www.vetdna.com

Owner Name:		
Animal Name:		
Species:		
Age:	Sex:	Date:

Specimen Source (Please Circle)

BLOOD
 SWAB
 FECES
 TISSUES
 FFPE

A C C O U N T	Acct #	P A Y M E N T	Check Enclosed Amount: _____
	Name		Credit Card
	Address		<input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> On File
	City		Exp. Date: ____/____/____
	State/ZIP		_____
	Phone#		Name On Card
	Email		_____
			Credit Card Number

Specimen Requirements:	Blood - 0.1 ml whole blood	Swab - Dry sterile swab
<input type="checkbox"/> LIVE ANIMAL TESTING	<input type="checkbox"/> ENVIRONMENTAL TESTING	<input type="checkbox"/> POST MORTEM

DNA TESTS \$20.00 each

<input type="checkbox"/> Aeromonas hydrophila (Red leg disease) <input type="checkbox"/> Aspergillus <input type="checkbox"/> Atadenovirus-Agamid <input type="checkbox"/> Babesia <input type="checkbox"/> Bartonella <input type="checkbox"/> Campylobacter <input type="checkbox"/> Candida <input type="checkbox"/> Chelonia Mydas Herpesvirus (TPAP) <input type="checkbox"/> Chytrid Fungus (B. dendrobatidis) <input type="checkbox"/> Chytrid Fungus (B. salamandrivorans) <input type="checkbox"/> Chlamydia <input type="checkbox"/> Clostridium <input type="checkbox"/> Coxiella burnetti <input type="checkbox"/> Cryptosporidium Genus <input type="checkbox"/> Cryptosporidium varanii (Lizard) <input type="checkbox"/> Cryptosporidium serpentis (Snake) <input type="checkbox"/> Devriesea agamarum	<input type="checkbox"/> E. coli <input type="checkbox"/> Entamoeba invadens <input type="checkbox"/> Giardia <input type="checkbox"/> Helicobacter Reptillian/Herps <input type="checkbox"/> Iridovirus <input type="checkbox"/> Klebsiella pneumoniae <input type="checkbox"/> Leptospirosis <input type="checkbox"/> Leishmania <input type="checkbox"/> Listeria monocytogenes <input type="checkbox"/> M.R.S.A <input type="checkbox"/> Mycobacterium chelonae <input type="checkbox"/> Mycobacterium marinum <input type="checkbox"/> Mycobacterium ulcerans <input type="checkbox"/> Mycoplasma agassizii <input type="checkbox"/> Mycoplasma testudineum <input type="checkbox"/> Ophidiomyces ophiodiicola (SFD) <input type="checkbox"/> Ophionyssus Mite <input type="checkbox"/> Pasturella multocida	<input type="checkbox"/> Perikensis <input type="checkbox"/> Perkinsea Novel Alveolate Group 01 (NAG01) <input type="checkbox"/> Plasmodium (Malaria) <input type="checkbox"/> Ranavirus <input type="checkbox"/> Ringworm (Dermatophytes) <input type="checkbox"/> Salmonella <input type="checkbox"/> Salmonella cotham <input type="checkbox"/> Sarcocystis <input type="checkbox"/> Spironucleus elegans <input type="checkbox"/> Tortoise Herpes (Testudinid) <input type="checkbox"/> Toxoplasma gondii <input type="checkbox"/> Tritrichomonas <input type="checkbox"/> Trypanosoma <input type="checkbox"/> Tularemia (F. tularensis) <input type="checkbox"/> Yellow Fungus (CANV) <input type="checkbox"/> Other _____
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PANEL TESTS

RNA TESTS \$25.00

(Overnight / 48 Hour Shipping Required)

<input type="checkbox"/> Reptile 'Boid' Panel: \$60.00 Arenavirus, Nidovirus, Ophidian Paramyxovirus <input type="checkbox"/> Tortoise Respiratory Panel: \$60.00 M. agassizii, M. testudineum, Ranavirus, T. Herpesvirus <input type="checkbox"/> Cryptosporidium Panel: \$25.00 Cryptosporidium varanii, Cryptosporidium serpentis	<input type="checkbox"/> Arenavirus (Inclusion Body Disease) <input type="checkbox"/> Nidovirus (Python) <input type="checkbox"/> Ophidian Paramyxovirus (FERLA Virus) <input type="checkbox"/> Reptile Borna Virus <input type="checkbox"/> Sunshine Virus <input type="checkbox"/> West Nile Virus
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