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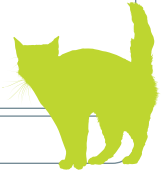


# PCR Submission Form **Cat**

# 2021

Veterinary surgeon / practice

For Scanelis use only



Do you prefer to receive results  by E-mail : .....  by fax : .....

**Payment by the clinic** (on receipt of the invoice):

Please specify your VAT number : .....

**Bank transfer** (Bank Transfer Information available on the invoice)

**Online payment** email : .....

**Cash payment by the owner :**

**Bank transfer** (Bank Transfer Information available upon request)

**Online payment** email : .....

**IMPORTANT** Please complete the animal's medical history so that we can help you interpret the results - Select your tests on the following page

<b>Owner</b>	<p><b>First name, last name and full contact details:</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p><input type="checkbox"/> Breeder <input type="checkbox"/> Company</p> <p><input type="checkbox"/> Association, animal shelter... <input type="checkbox"/> Private</p> <p><input type="checkbox"/> Insured animal</p>	<b>Animal</b>	<p><b>Name:</b> ..... <b>One form per animal</b></p> <p><b>Breed:</b> .....</p> <p><b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> NM <input type="checkbox"/> F <input type="checkbox"/> SF</p> <p><b>Age:</b> .....</p> <p><b>Identification/microchip:</b> .....</p> <p><b>Dossier number:</b> .....</p>
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**Presence of clinical signs** (please specify below) or  **Asymptomatic animal**

**Animal:**  **alive** or  **dead**

<b>Medical history</b>	<p><input type="checkbox"/> <b>general signs</b></p> <p><input type="checkbox"/> Weakness, apathy</p> <p><input type="checkbox"/> Loss of appetite</p> <p><input type="checkbox"/> Weight loss <input type="checkbox"/> Dehydration</p> <p><input type="checkbox"/> Hypothermia <input type="checkbox"/> Hyperthermia</p> <p><input type="checkbox"/> Anemia <input type="checkbox"/> Icterus</p> <p><input type="checkbox"/> Splenomegaly <input type="checkbox"/> Hepatomegaly</p> <p><input type="checkbox"/> Adenomegaly <input type="checkbox"/> PUPD</p> <p><input type="checkbox"/> Oliguria, anuria <input type="checkbox"/> Œdema</p> <p><input type="checkbox"/> Petechia</p> <p><input type="checkbox"/> Others .....</p>	<p><input type="checkbox"/> <b>digestive signs</b></p> <p><input type="checkbox"/> Watery diarrhoea</p> <p><input type="checkbox"/> Bloody diarrhoea</p> <p><input type="checkbox"/> Vomiting</p> <p><input type="checkbox"/> Constipation</p> <p><input type="checkbox"/> Abdominal pain</p> <p><input type="checkbox"/> Abdominal effusion</p> <p><input type="checkbox"/> Others .....</p>	<p><input type="checkbox"/> <b>nervous signs</b></p> <p><input type="checkbox"/> Ataxia</p> <p><input type="checkbox"/> Seizures</p> <p><input type="checkbox"/> Tremors</p> <p><input type="checkbox"/> Myoclonia</p> <p><input type="checkbox"/> Paralysis</p> <p><input type="checkbox"/> Others .....</p>
	<p><input type="checkbox"/> <b>biochemistry / hematology</b></p> <p>.....</p> <p>.....</p> <p>.....</p>	<p><input type="checkbox"/> <b>ocular signs</b></p> <p><input type="checkbox"/> Conjunctivitis</p> <p><input type="checkbox"/> Keratitis</p> <p><input type="checkbox"/> Uveitis</p> <p><input type="checkbox"/> Others .....</p>	<p><input type="checkbox"/> <b>respiratory signs</b></p> <p><input type="checkbox"/> Nasal discharge</p> <p><input type="checkbox"/> Dyspnea</p> <p><input type="checkbox"/> Cough</p> <p><input type="checkbox"/> Sneezing</p> <p><input type="checkbox"/> Rhinitis</p> <p><input type="checkbox"/> Pleural effusion</p>

**cutaneous signs**

.....

.....

.....

**Duration of clinical signs**

< 5 days  5-15 days  >15 days

**Previous test:**  No  Yes **Date:** .....

Type of test and results: .....

**Current treatment at the date of sampling:**

antiviral : .....

antibiotic : .....

other : .....

**Vaccinal history (important for the detection of canine distemper virus and feline/canine parvovirus)**

Animal not vaccinated for the suspected disease(s)  Unknown vaccinal status  Last booster injection

First vaccination 1<sup>st</sup> injection Date: ..... Brand Name / Company : ..... Date : .....

2<sup>nd</sup> injection Date: ..... Brand Name / Company : ..... Brand Name / Company : .....

3<sup>rd</sup> injection Date: ..... Brand Name / Company : ..... Brand Name / Company : .....

Date of sampling: .....

**Forms**

Do not hesitate to download all our analysis request forms on [www.scanelis.com](http://www.scanelis.com)

- Cat PCR
- Birds/Ferret/Rabbit PCR
- Poultry & Rabbits PCR
- Dog PCR
- Horse PCR
- Cattle, sheep and goats PCR



[www.scanelis.com](http://www.scanelis.com)

## PCR SAMPLES

**Fluids on EDTA** Minimum volumes  
Cells on swab/cytobrush in a plain tube

Blood, abdominal/thoracic fluid: 0.5 mL CSF, aqueous humour: 0.3 mL Urine, BAL: 4 mL  
Bone marrow: 0.1 mL CSF, aqueous humour: 0.3 mL Urine, BAL: 4 mL

Never use heparine tubes (even for swabs/cytobrushes)

Unless you clearly specify not to do it, several samples from the same animal, sent simultaneously, may be pooled before analysis.

CAT

## Quantitative PCR

PCR by indication - Tick the tests requested and circle the sample(s) carried-out

<b>Conjunctivitis / Keratoconjunctivitis</b> CT-CO	<input type="checkbox"/> B3A - FHV, Chlam, Mycopl felis <input type="checkbox"/> B4 - FHV, FCV, Mycopl felis, Chlam <input type="checkbox"/> B2A - FHV, Chlam <input type="checkbox"/> B2B - FHV, Mycopl felis <input type="checkbox"/> B3B - FHV, FCV, Chlam	<input type="checkbox"/> B3 - FCV, FeLV, FIV <input type="checkbox"/> B2 - FCV, FHV <input type="checkbox"/> B4 - FCov, Gia, Cryptosp., Tri <input type="checkbox"/> B3 - Gia, Cryptosp., Tri <input type="checkbox"/> B2A - Gia, Saimonella <input type="checkbox"/> B2B - Gia, Tri <input type="checkbox"/> B2C - FCov, PV	<input type="checkbox"/> Blood + Oropharyngeal cells <input type="checkbox"/> Oropharyngeal cells
<b>Feline upper respiratory tract disease</b> CT-COR	<input type="checkbox"/> B4 - FHV, FCV, Mycopl. felis, Bb <input type="checkbox"/> B5A - FHV, FCV, Mycopl. felis, Bb, Chlam <input type="checkbox"/> B5B - FHV, FCV, Mycopl. felis, Bb, Mycob <input type="checkbox"/> B5C - FHV, FCV, Mycopl. felis, Bb, SARS-CoV2 <input type="checkbox"/> B3A - FHV, FCV, Bb <input type="checkbox"/> B3B - FHV, FCV, Mycopl. felis <input type="checkbox"/> B3C - FHV, FCV, Chlam	<input type="checkbox"/> B5 - FHV, FCV, Mycopl felis, Chlam, FCov <input type="checkbox"/> B7 - FeLV, FIV, FHV, FCV, Mycopl felis, Chlam, FCov <input type="checkbox"/> B4A - FHV, FCV, Mycopl. felis, Chlam <input type="checkbox"/> B2 - FeLV, FIV <input type="checkbox"/> B4B - FCov, Gia, Tri, Cryptosp.	<input type="checkbox"/> Conjunctival cells + Oropharyngeal cells <input type="checkbox"/> Conjunctival cells <input type="checkbox"/> Nasal cells and/or <input type="checkbox"/> Bronchoalveolar lavage
<b>Rhinitis</b> CT-RHIN	<input type="checkbox"/> B3 - FHV, FCV, Mycopl. felis	<input type="checkbox"/> B4 - FeLV, FIV, Cor, Haem	<input type="checkbox"/> Blood (EDTA)
<b>Fever / anemia</b> CT-FOI	<input type="checkbox"/> B3A - FeLV, FIV, FCov <input type="checkbox"/> B3B - FeLV, FIV, Haem <input type="checkbox"/> B2A - FeLV, FIV <input type="checkbox"/> B2B - FCov, Haem <input type="checkbox"/> B4 - FeLV, FIV, FCov, Haem	<input type="checkbox"/> B2A - FeLV (total viral load and plasmatic load) <input type="checkbox"/> B2B - FIV (total viral load and plasmatic load)	<input type="checkbox"/> Blood (EDTA 0.8 ml) + Plasma (EDTA 0.8 ml) <input type="checkbox"/> Blood (EDTA 1 ml)
<b>Neuro/luvelitis</b> CT-NUV	<input type="checkbox"/> B5 - FeLV, FIV, FCov, Toxo, FHV <input type="checkbox"/> B4 - FeLV, FIV, FCov, Toxo <input type="checkbox"/> B3 - FeLV, FIV, FCov <input type="checkbox"/> B2 - FCov, Toxo		
<b>Reproduction</b> CT-REPRO	<input type="checkbox"/> B3 - FHV, FCV, Chlam		

## Turnaround-time for results

Standard Processing - guaranteed turnaround-time:  
D + 2 from receipt\* of the samples  
Urgent Processing + 11.67 € (VAT not included) - guaranteed turnaround-time:  
D + 1 from receipt\* of the samples

\* for any dossier received before 10am on the D-day, including necessary information for registration, on condition of analysability of the received samples

## Quantitative PCR

"A la carte" PCR - Tick the tests requested and the sample(s) carried-out

<b>B</b> <b>Bordetella bronchiseptica</b> (Bb) O Respi, tract swab / tracheal cells O Nasal + oroph, cells O Bronchoalveolar Lavage (BAL) O Lung O Thoracic fluid	<b>F</b> <b>FelV</b> O Blood (EDTA) O Oropharyngeal cells (somatis) O CSF O Lymph node aspirate O Bone marrow O Abdominal/ thoracic fluid O Orogans or biopsy O Aqueous humour O Plasma (EDTA) (follow-up positive cat)	<b>H</b> <b>Haemoplasma species</b> (Haem) <i>Mycoplasma haemofelis</i> & <i>Candidatus M. haemominutum</i> O Blood (EDTA) O Bone marrow O Orogans (liver, kidney)	<b>L</b> <b>Leishmania</b> O Blood (EDTA) O Bone marrow O Aqueous humour O Thoracic fluid	<b>P</b> <b>Papillomavirus sp.</b> O Lymph node aspirate O Bone marrow O Cutaneous scraping/ biopsy O Synovial fluid
<b>B</b> <b>Bornavirus</b> O CSF O Orogans	<b>F</b> <b>Feline coronavirus - Asymptomatic animal</b> (FCov) O Rectal swab	<b>M</b> <b>Mycobacteria sp.</b> (Mycob) O Lymph node aspirate O BAL O Cutaneous scraping O Orogans or biopsy Mycobacteria typing (+66.67€ (VAT not included)*	<b>S</b> <b>Saimonella sp.</b> O Rectal swab	<b>T</b> <b>Toxoplasma gondii</b> (Toxo) O CSF O Aqueous humour O Lymph node aspirate O BAL O Orogans O Abdominal/ thoracic fluid
<b>C</b> <b>Feline calicivirus</b> (FCV) O Oropharyngeal cells O Conjunctival cells O Conjunctival + corneal cells O Nasal cells O BAL O Blood (EDTA) O CSF O Abdominal/ thoracic fluid O Orogans	<b>F</b> <b>Feline coronavirus - Asymptomatic animal</b> (FCov) O Rectal swab	<b>P</b> <b>Parvovirus</b> (Parvovirus) O Rectal swab O CSF O Abdominal/ Thoracic fluid	<b>S</b> <b>Saimonella sp.</b> O Rectal swab	<b>T</b> <b>Toxoplasma gondii</b> (Toxo) O CSF O Aqueous humour O Lymph node aspirate O BAL O Orogans O Abdominal/ thoracic fluid

Only the Papillomavirus assays are conventional PCR assays (not real-time/quantitative PCR). No quantitative estimation will be provided in case of a positive result for these analyses

Scanelis, trust a specialist

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## Prices 2021

## A la carte

The first pathogen (VAT not included)	43,33 €
the additional pathogen (VAT not included)	20,00 € x .....
<b>Panels</b> one panel only +/- additional pathogen	
B2 - 63,33 € .....	..... €
B3 - 83,33 € .....	..... €
B4 - 103,33 € .....	..... €
B5 - 123,33 € .....	..... €
B6 - 143,33 € .....	..... €
B7 - 163,33 € .....	..... €
the additional pathogen (VAT not included)	20,00 € x .....
URGENT Processing (guaranteed turnaround-time: D+1)	11,67 € (VAT not included)
VAT (20% French taxes) In case of a first order, please specify your VAT number in order to avoid paying VAT:	..... €
<b>TOTAL</b>	..... €

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