



9, allée Charles Cros - CS 70006
31771 Colomiers Cedex FRANCE
Tél. : +33 (0)5 34 50 50 90
email : scanelis@scanelis.com
www.scanelis.com



PCR Submission Form Cat

2022

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

Owner	<p><input type="radio"/> First name, last name and full contact details:</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 <input type="checkbox"/> Insured animal</p>	Animal	<p><input type="radio"/> Name: One form per animal</p> <p><input type="radio"/> Breed:</p> <p><input type="radio"/> Gender: <input type="checkbox"/> M <input type="checkbox"/> NM <input type="checkbox"/> F <input type="checkbox"/> SF</p> <p><input type="radio"/> Age:</p> <p><input type="radio"/> Identification/microchip:</p> <p><input type="radio"/> Dossier number:</p>
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Medical history	<input type="checkbox"/> Presence of clinical signs (please specify below) or <input type="checkbox"/> Asymptomatic animal	
	Animal: <input type="checkbox"/> alive or <input type="checkbox"/> dead	
	<input type="checkbox"/> general signs <input type="checkbox"/> Weakness, apathy <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Weight loss <input type="checkbox"/> Dehydration <input type="checkbox"/> Hypothermia <input type="checkbox"/> Hyperthermia <input type="checkbox"/> Anemia <input type="checkbox"/> Icterus <input type="checkbox"/> Splenomegaly <input type="checkbox"/> Hepatomegaly <input type="checkbox"/> Adenomegaly <input type="checkbox"/> PUPD <input type="checkbox"/> Oliguria, anuria <input type="checkbox"/> Œdema <input type="checkbox"/> Petechia <input type="checkbox"/> Others	<input type="checkbox"/> digestive signs <input type="checkbox"/> Watery diarrhoea <input type="checkbox"/> Bloody diarrhoea <input type="checkbox"/> Vomiting <input type="checkbox"/> Constipation <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Abdominal effusion <input type="checkbox"/> Others
	<input type="checkbox"/> biochemistry / hematology (attach results)	<input type="checkbox"/> ocular signs <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Keratitis <input type="checkbox"/> Uveitis <input type="checkbox"/> Others
<input type="checkbox"/> respiratory signs <input type="checkbox"/> Nasal discharge <input type="checkbox"/> Dyspnea <input type="checkbox"/> Cough <input type="checkbox"/> Sneezing <input type="checkbox"/> Rhinitis <input type="checkbox"/> Pleural effusion		<input type="checkbox"/> buccal signs <input type="checkbox"/> Stomatitis <input type="checkbox"/> Gingivitis <input type="checkbox"/> Fauticitis
<input type="checkbox"/> cutaneous signs		<input type="checkbox"/> Duration of clinical signs <input type="checkbox"/> < 5 days <input type="checkbox"/> 5-15 days <input type="checkbox"/> >15 days
<input type="checkbox"/> Previous test: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Date: Type of test and results:		<input type="checkbox"/> Current treatment at the date of sampling: <input type="checkbox"/> antiviral : <input type="checkbox"/> antibiotic : <input type="checkbox"/> other :
<input type="checkbox"/> Vaccinal history (important for the detection of canine distemper virus and feline/canine parvovirus) <input type="checkbox"/> Animal <u>not vaccinated</u> for the suspected disease(s) <input type="checkbox"/> Unknown vaccinal status <input type="checkbox"/> Last booster injection <input type="checkbox"/> First vaccination 1 st injection Date: Brand Name / Company : Date : 2 nd injection Date: Brand Name / Company : Brand Name / Company : 3 rd injection Date: Brand Name / Company :		

Date of sampling:

Forms	Do not hesitate to download all our analysis request forms on www.scanelis.com
	<input type="checkbox"/> Cat PCR <input type="checkbox"/> Birds/Ferret/Rabbit PCR <input type="checkbox"/> Poultry & Rabbits PCR <input type="checkbox"/> Dog PCR <input type="checkbox"/> Horse PCR <input type="checkbox"/> Cattle, sheep and goats PCR



www.scanelis.com

PCR SAMPLES

Fluids on EDTA

Minimum volumes

Blood, abdominal/thoracic fluid: 0.5 mL

Bone marrow: 0.1 mL

CSF, aqueous humour: 0.3 mL

Urine, BAL: 4 mL

Cells on swab/cytobrush in a plain tube

Organs on sampling vial or plain tube (no FORMALIN)

! Never use heparine tubes (even rinsed, 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.



Quantitative PCR

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

Conjunctivitis / Keratoconjunctivitis CT-OC	<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"/> Conjunctival cells + <input type="checkbox"/> Corneal cells in case of keratitis
Feline upper respiratory tract disease 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"/> Oropharyngeal cells + <input type="checkbox"/> Conjunctival cells + <input type="checkbox"/> Nasal cells and/or <input type="checkbox"/> Bronchoalveolar lavage
Rhinitis CT-RHIN	<input type="checkbox"/> B3 - FHV, FCV, Mycopl. felis	<input type="checkbox"/> Nasal cells
Fever / anemia CT-FOI	<input type="checkbox"/> B3A - FeLV, FIV, FCoV <input type="checkbox"/> B3B - FeLV, FIV, Haem <input type="checkbox"/> B3C - FeLV, FIV, Bart <input type="checkbox"/> B2B - FCoV, Haem <input type="checkbox"/> B5 - FeLV, FIV, FCoV, Haem, Bart	<input type="checkbox"/> Blood (EDTA) <input type="checkbox"/> Bone marrow (EDTA) <input type="checkbox"/> Liver/spleen aspirate
Neuro/uveitis CT-NUV	<input type="checkbox"/> B5A - FeLV, FIV, FCoV, Toxo, FHV <input type="checkbox"/> B5B - FeLV, FIV, FCoV, Toxo, Bart <input type="checkbox"/> B3 - FeLV, FIV, FCoV <input type="checkbox"/> B2 - FCoV, Toxo	<input type="checkbox"/> CSF (+ blood if Bart) <input type="checkbox"/> Aqueous humour
Reproduction CT-REPRO	<input type="checkbox"/> B3 - FHV, FCV, Chlam	<input type="checkbox"/> Vaginal cells <input type="checkbox"/> Placenta <input type="checkbox"/> Stillbirth organs (lung, liver, kidney, spleen)

Stomatitis CT-STOM	<input type="checkbox"/> B3 - FCV, FeLV, FIV <input type="checkbox"/> B2 - FCV, FHV	<input type="checkbox"/> Blood + Oropharyngeal cells <input type="checkbox"/> Oropharyngeal cells
Diarrhea CT-DIA	<input type="checkbox"/> B4 - FCoV, Gia, Cryptosp., Tri <input type="checkbox"/> B3 - Gia, Cryptosp., Tri <input type="checkbox"/> B2A - Gia, Salmonella <input type="checkbox"/> B2B - Gia, Tri <input type="checkbox"/> B2C - FCoV, PV	<input type="checkbox"/> Rectal swab
Asymptomatic animal CT-STAT	<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 + Rectal swab <input type="checkbox"/> Blood, Conjunctival cells, Oropharyngeal cells and Rectal swab <input type="checkbox"/> Conjunctival and oropharyngeal cells <input type="checkbox"/> Blood (EDTA) <input type="checkbox"/> Rectal swabs (over several days)
Donor cat CT-DON	<input type="checkbox"/> B5 - FeLV, FIV, Cor, Haem, Bart	<input type="checkbox"/> Blood (EDTA)
NEW Follow-up of FeLV or FIV positive cats CT-SUI	<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)

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

<p>B <input type="checkbox"/> Bartonella sp. <input type="checkbox"/> Blood (EDTA) <input type="checkbox"/> Lymph node aspirate <input type="checkbox"/> Synovial fluid <input type="checkbox"/> Pericardial fluid <input type="checkbox"/> Aqueous humour <input type="checkbox"/> CSF <input type="checkbox"/> Organs :</p> <p><input type="checkbox"/> Bordetella bronchiseptica (Bb) <input type="checkbox"/> Respi. tract swab / tracheal cells <input type="checkbox"/> Nasal + oroph. cells <input type="checkbox"/> Bronchoalveolar Lavage (BAL) <input type="checkbox"/> Lung <input type="checkbox"/> Thoracic fluid</p> <p><input type="checkbox"/> Bornavirus <input type="checkbox"/> CSF <input type="checkbox"/> Organs :</p> <p>C <input type="checkbox"/> Chlamydia (Chlam) <input type="checkbox"/> Conjunctival cells <input type="checkbox"/> Conjunctival +/- corneal cells <input type="checkbox"/> Organ :</p>	<p><input type="checkbox"/> Cryptosporidium sp. (Cryptosp) <input type="checkbox"/> Rectal swab</p> <p>F <input type="checkbox"/> Feline calicivirus (FCV) <input type="checkbox"/> Oropharyngeal cells <input type="checkbox"/> Conjunctival +/- corneal cells <input type="checkbox"/> Nasal cells <input type="checkbox"/> BAL <input type="checkbox"/> Blood (EDTA) <input type="checkbox"/> CSF <input type="checkbox"/> Abdominal/ thoracic fluid <input type="checkbox"/> Organs :</p> <p><input type="checkbox"/> Feline coronavirus - FIP (FCoV) <input type="checkbox"/> Blood (EDTA) in case of dry form <input type="checkbox"/> Abdominal fluid <input type="checkbox"/> Thoracic fluid + Blood(EDTA) <input type="checkbox"/> CSF (nervous form) <input type="checkbox"/> Aqueous humour (uveitis) <input type="checkbox"/> Organs or biopsy (please contact us)</p> <p><input type="checkbox"/> Feline coronavirus digestive signs (only) (FCoV) <input type="checkbox"/> Rectal swab</p>	<p><input type="checkbox"/> Feline coronavirus - Asymptomatic animal (FCoV) <input type="checkbox"/> Rectal swab</p> <p><input type="checkbox"/> Feline herpesvirus (FHV) <input type="checkbox"/> Oropharyngeal cells (tonsils) <input type="checkbox"/> Conjunctival +/- corneal cells <input type="checkbox"/> Nasal cells <input type="checkbox"/> Corneal sequestra <input type="checkbox"/> BAL <input type="checkbox"/> Aqueous Humour <input type="checkbox"/> Thoracic fluid <input type="checkbox"/> Organs :</p> <p><input type="checkbox"/> FeLV <input type="checkbox"/> FIV <input type="checkbox"/> Blood (EDTA) <input type="checkbox"/> Oropharyngeal cells (stomatitis) <input type="checkbox"/> CSF <input type="checkbox"/> Lymph node aspirate <input type="checkbox"/> Bone marrow <input type="checkbox"/> Abdominal/ thoracic fluid <input type="checkbox"/> Organs or biopsy <input type="checkbox"/> Aqueous humour <input type="checkbox"/> Plasma (EDTA) (follow-up positive cat)</p>	<p>G <input type="checkbox"/> Giardia (Gia) <input type="checkbox"/> Rectal swab</p> <p>H <input type="checkbox"/> Haemoplasma species (Haem) <i>Mycoplasma haemofelis</i> <i>& Candidatus M. haemominutum</i> <input type="checkbox"/> Blood (EDTA) <input type="checkbox"/> Bone marrow <input type="checkbox"/> Organs (liver, kidney)</p> <p>L <input type="checkbox"/> Leishmania <input type="checkbox"/> Blood (EDTA) <input type="checkbox"/> Lymph node aspirate <input type="checkbox"/> Bone marrow <input type="checkbox"/> Cutaneous scraping/ biopsy <input type="checkbox"/> Synovial fluid</p> <p><input type="checkbox"/> Leptospira <input type="checkbox"/> Blood (EDTA) + urine <input type="checkbox"/> Organs (liver, kidney)</p>	<p>M <input type="checkbox"/> Mycobacteria sp. (Mycob) <input type="checkbox"/> Lymph node aspirate <input type="checkbox"/> BAL <input type="checkbox"/> Cutaneous scraping <input type="checkbox"/> Organs or biopsy : Mycobacteria typing +70.00€ (VAT not included)*</p> <p><input type="checkbox"/> Mycoplasma felis (Mycopl felis) <input type="checkbox"/> Respi. tract swab/ tracheal cells <input type="checkbox"/> Conjunctival +/- corneal cells <input type="checkbox"/> Nasal cells <input type="checkbox"/> BAL <input type="checkbox"/> Synovial fluid</p> <p>P <input type="checkbox"/> Papillomavirus sp. <input type="checkbox"/> Biopsy : PCR + Typing by sequencing = 74,17€ (VAT not included)</p>	<p><input type="checkbox"/> Parvovirus (Panleucopenia) (FPV) <input type="checkbox"/> Rectal swab <input type="checkbox"/> CSF <input type="checkbox"/> Abdominal/ Thoracic fluid</p> <p><input type="checkbox"/> Poxvirus <input type="checkbox"/> Cutaneous / mucosal scraping <input type="checkbox"/> Organs or biopsy :</p> <p>S <input type="checkbox"/> Salmonella sp. <input type="checkbox"/> Rectal swab</p> <p>T <input type="checkbox"/> Toxoplasma gondii (Toxo) <input type="checkbox"/> CSF <input type="checkbox"/> Aqueous humour <input type="checkbox"/> Lymph node aspirate <input type="checkbox"/> BAL <input type="checkbox"/> Organs : <input type="checkbox"/> Abdominal / thoracic fluid</p> <p><input type="checkbox"/> Tritrichomonas foetus (Tri) <input type="checkbox"/> Rectal swab</p>
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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

Prices 2022

A la carte

The first pathogen (VAT not included) 43,33 €

the additional pathogen 21,67 € x € (VAT not included)

Panels

one panel only +/- additional pathogen

B2 - 65,00 € €

B3 - 86,67 € €

B4 - 108,33 € €

B5 - 130 € €

B6 - 151,67 € €

B7 - 173,33 € € (VAT not included)

the additional pathogen 21,67 € x € (VAT not included)

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: €

TOTAL €