

# PATHOGEN DETECTION LABORATORY

**California National Primate Research Center, University of California, Davis**

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<b>Billing Information</b>		<b>Report Information</b>	
Contact Person	<input type="text"/>	Contact Person	<input type="text"/>
Institution	<input type="text"/>	Institution	<input type="text"/>
Billing/ PO#	<input type="text"/>	Project	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Phone #	<input type="text"/>	Phone #	<input type="text"/>
Fax #	<input type="text"/>	Fax #	<input type="text"/>
email	<input type="text"/>	email	<input type="text"/>

**Test Requests-** Please use separate forms for specimens requiring different tests, billing or reports.

**PCR** (choose agents)     **SRV**     **SFV**     **STLV**     **RRV**     **SIV**

**Antibody Screen Panels-** (\*All panels automatically receive confirmatory testing for SRV positive results)

- ABSCN-5** Includes: SRV, SIV, STLV, Herpes B Surrogate Marker, Measles  
 **ABSCN-8** Includes: SRV, SIV, STLV, Herpes B Surrogate Marker, Measles, RhCMV, SFV, RRV

Select confirmatory testing for ABSCN-5 or ABSCN-8

- |  |                                 |                                     |                                |
|--|---------------------------------|-------------------------------------|--------------------------------|
| <input type="radio"/> Confirm screening result for SRV if result is      | <input type="radio"/> Positive* | <input type="radio"/> Indeterminate | <input type="radio"/> Negative |
| <input type="radio"/> Confirm screening result for SFV if result is      | <input type="radio"/> Positive  | <input type="radio"/> Indeterminate | <input type="radio"/> Negative |
| <input type="radio"/> Confirm screening result for SIV if result is      | <input type="radio"/> Positive  | <input type="radio"/> Indeterminate | <input type="radio"/> Negative |
| <input type="radio"/> Confirm screening result for STLV if result is     | <input type="radio"/> Positive  | <input type="radio"/> Indeterminate | <input type="radio"/> Negative |
| <input type="radio"/> Confirm screening result for Herpes B if result is | <input type="radio"/> Positive  | <input type="radio"/> Indeterminate | <input type="radio"/> Negative |
| <input type="radio"/> Confirm screening result for Measles if result is  | <input type="radio"/> Positive  | <input type="radio"/> Indeterminate | <input type="radio"/> Negative |
| <input type="radio"/> Confirm screening result for RRV if result is      | <input type="radio"/> Positive  | <input type="radio"/> Indeterminate | <input type="radio"/> Negative |

**ABSCN-Custom** ABSCN-8 plus additional agents which can include SV40, LCV, etc. Please contact for more info or to schedule.

- GIFN for TB** (you MUST call in advance for instructions/ reagents)

**Other Serology**

<input type="checkbox"/> SRV1 WB	<input type="checkbox"/> SFV IFA
<input type="checkbox"/> SRV2 WB	<input type="checkbox"/> RRV IFA
<input type="checkbox"/> SRV5 WB	<input type="checkbox"/> SV40 IFA
<input type="checkbox"/> SIV WB	<input type="checkbox"/> LCV IFA
<input type="checkbox"/> STLV WB	<input type="checkbox"/> Varicella IFA
<input type="checkbox"/> B virus (HVP2) IFA	
<input type="checkbox"/> Measles IFA	

**Custom Test Request:** Please contact us for IHC, ISH, Virus Typing, Quantification, Culture and others.

**Other/ Special Instructions:** [ex- Only print certain results on the report. Fax/ e-mail results in addition to mailing.]

Order # _____	Sample Range _____	Ent/Rec'd _____
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