



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**

**2023**

Veterinary surgeon / practice

For Scanelis use only

Your Results  by E-mail : .....

**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> .....</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> |
|              | <b>One form per animal</b>   |               |   |

|   |  |  |
|---|--|--|
| <b>Medical history</b>  | <input type="checkbox"/> <b>Presence of clinical signs</b> (please specify below) or <input type="checkbox"/> <b>Asymptomatic animal</b>   |  |
|   | <b>Animal:</b> <input type="checkbox"/> <b>alive</b> or <input type="checkbox"/> <b>dead</b>   |  |
|   | <input type="checkbox"/> <b>general signs</b><br><input type="checkbox"/> Weakness, apathy<br><input type="checkbox"/> Loss of appetite<br><input type="checkbox"/> Weight loss<br><input type="checkbox"/> Hypothermia<br><input type="checkbox"/> Anemia<br><input type="checkbox"/> Splenomegaly<br><input type="checkbox"/> Adenomegaly<br><input type="checkbox"/> Oliguria, anuria<br><input type="checkbox"/> Petechia<br><input type="checkbox"/> Others .....<br><input type="checkbox"/> <b>biochemistry / hematology</b> (attach results)<br>.....<br>..... | <input type="checkbox"/> <b>digestive signs</b><br><input type="checkbox"/> Watery diarrhoea<br><input type="checkbox"/> Bloody diarrhoea<br><input type="checkbox"/> Vomiting<br><input type="checkbox"/> Constipation<br><input type="checkbox"/> Abdominal pain<br><input type="checkbox"/> Abdominal effusion<br><input type="checkbox"/> Others .....<br><input type="checkbox"/> <b>ocular signs</b><br><input type="checkbox"/> Conjunctivitis<br><input type="checkbox"/> Keratitis<br><input type="checkbox"/> Uveitis<br><input type="checkbox"/> Others ..... |
|   | <input type="checkbox"/> <b>nervous signs</b><br><input type="checkbox"/> Ataxia<br><input type="checkbox"/> Seizures<br><input type="checkbox"/> Tremors<br><input type="checkbox"/> Myoclonia<br><input type="checkbox"/> Paralysis<br><input type="checkbox"/> Others .....   | <input type="checkbox"/> <b>respiratory signs</b><br><input type="checkbox"/> Nasal discharge<br><input type="checkbox"/> Dyspnea<br><input type="checkbox"/> Cough<br><input type="checkbox"/> Sneezing<br><input type="checkbox"/> Rhinitis<br><input type="checkbox"/> Pleural effusion   |
| <input type="checkbox"/> <b>buccal signs</b><br><input type="checkbox"/> Stomatitis<br><input type="checkbox"/> Gingivitis<br><input type="checkbox"/> Fautitis   |  | <input type="checkbox"/> <b>cutaneous signs</b><br>.....<br>.....<br>.....   |
| <p><b>Duration of clinical signs</b></p> <input type="checkbox"/> < 5 days <input type="checkbox"/> 5-15 days <input type="checkbox"/> >15 days <p><b>Previous test:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Date:</b> .....</p> <p>Type of test and results: .....</p> <p><b>Vaccinal history (important for the detection of canine distemper virus and feline/canine parvovirus)</b></p> <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 <p><input type="checkbox"/> First vaccination 1<sup>st</sup> injection Date: ..... Brand Name / Company : ..... Date : .....</p> <p>2<sup>nd</sup> injection Date: ..... Brand Name / Company : ..... Brand Name / Company : .....</p> <p>3<sup>rd</sup> injection Date: ..... Brand Name / Company : .....</p> |  | <p><b>Current treatment at the date of sampling:</b></p> <input type="checkbox"/> antiviral : ..... <input type="checkbox"/> antibiotic : ..... <input type="checkbox"/> other : .....   |

Date of sampling: .....

**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

|   |   |  |
|---|---|--|
| <b>Conjunctivitis / Keratoconjunctivitis</b><br>CT-OC   | <input type="checkbox"/> B3A - FHV, Chlam, Mycopl felis<br><input type="checkbox"/> B4 - FHV, FCV, Mycopl felis, Chlam<br><input type="checkbox"/> B2A - FHV, Chlam<br><input type="checkbox"/> B2B - FHV, Mycopl felis<br><input type="checkbox"/> B3B - FHV, FCV, Chlam   | <input type="checkbox"/> Conjunctival cells +<br><input type="checkbox"/> Corneal cells in case of keratitis   |
| <b>Feline upper respiratory tract disease</b><br>CT-COR | <input type="checkbox"/> B4 - FHV, FCV, Mycopl. felis, Bb<br><input type="checkbox"/> B5A - FHV, FCV, Mycopl. felis, Bb, Chlam<br><input type="checkbox"/> B5B - FHV, FCV, Mycopl. felis, Bb, Mycob<br><input type="checkbox"/> B5C - FHV, FCV, Mycopl. felis, Bb, SARS-CoV2<br><input type="checkbox"/> B3A - FHV, FCV, Bb<br><input type="checkbox"/> B3B - FHV, FCV, Mycopl. felis<br><input type="checkbox"/> B3C - FHV, FCV, Chlam | <input type="checkbox"/> Oropharyngeal cells +<br><input type="checkbox"/> Conjunctival cells +<br><input type="checkbox"/> Nasal cells<br>and/or<br><input type="checkbox"/> Bronchoalveolar lavage |
| <b>Rhinitis</b><br>CT-RHIN                              | <input type="checkbox"/> B3 - FHV, FCV, Mycopl. felis   | <input type="checkbox"/> Nasal cells   |
| <b>Fever / anemia</b><br>CT-FOI                         | <input type="checkbox"/> B3A - FeLV, FIV, FCoV<br><input type="checkbox"/> B3B - FeLV, FIV, Haem<br><input type="checkbox"/> B3C - FeLV, FIV, Bart<br><input type="checkbox"/> B2B - FCoV, Haem<br><input type="checkbox"/> B5 - FeLV, FIV, FCoV, Haem, Bart  | <input type="checkbox"/> Blood (EDTA)<br><input type="checkbox"/> Bone marrow (EDTA)<br><input type="checkbox"/> Liver/spleen aspirate   |
| <b>Neuro/uveitis</b><br>CT-NUV                          | <input type="checkbox"/> B5A - FeLV, FIV, FCoV, Toxo, FHV<br><input type="checkbox"/> B5B - FeLV, FIV, FCoV, Toxo, Bart<br><input type="checkbox"/> B3 - FeLV, FIV, FCoV<br><input type="checkbox"/> B2 - FCoV, Toxo  | <input type="checkbox"/> CSF (+ blood if Bart)<br><input type="checkbox"/> Aqueous humour  |
| <b>Reproduction</b><br>CT-REPRO                         | <input type="checkbox"/> B3 - FHV, FCV, Chlam   | <input type="checkbox"/> Vaginal cells<br><input type="checkbox"/> Placenta<br><input type="checkbox"/> Stillbirth organs (lung, liver, kidney, spleen)  |

|  |   |   |
|--|---|---|
| <b>Stomatitis</b><br>CT-STOM                     | <input type="checkbox"/> B3 - FCV, FeLV, FIV<br><input type="checkbox"/> B2 - FCV, FHV  | <input type="checkbox"/> Blood + Oropharyngeal cells<br><input type="checkbox"/> Oropharyngeal cells  |
| <b>Diarrhea</b><br>CT-DIA                        | <input type="checkbox"/> B4 - FCoV, Gia, Cryptosp., Tri<br><input type="checkbox"/> B3 - Gia, Cryptosp., Tri<br><input type="checkbox"/> B2A - Gia, Salmonella<br><input type="checkbox"/> B2B - Gia, Tri<br><input type="checkbox"/> B2C - FCoV, PV  | <input type="checkbox"/> Rectal swab  |
| <b>Asymptomatic animal</b><br>CT-STAT            | <input type="checkbox"/> B5 - FHV, FCV, Mycopl felis, Chlam, FCoV<br><input type="checkbox"/> B7 - FeLV, FIV, FHV, FCV, Mycopl felis, Chlam, FCoV<br><input type="checkbox"/> B4A - FHV, FCV, Mycopl. felis, Chlam<br><input type="checkbox"/> B2 - FeLV, FIV<br><input type="checkbox"/> B4B - FCoV, Gia, Tri, Cryptosp. | <input type="checkbox"/> Conjunctival cells + Oropharyngeal cells + Rectal swab<br><input type="checkbox"/> Blood, Conjunctival cells, Oropharyngeal cells and Rectal swab<br><input type="checkbox"/> Conjunctival and oropharyngeal cells<br><input type="checkbox"/> Blood (EDTA)<br><input type="checkbox"/> Rectal swabs (over several days) |
| <b>Donor cat</b><br>CT-DON                       | <input type="checkbox"/> B5 - FeLV, FIV, Cor, Haem, Bart  | <input type="checkbox"/> Blood (EDTA)   |
| Follow-up of FeLV or FIV positive cats<br>CT-SUI | <input type="checkbox"/> B2A - FeLV (total viral load and plasmatic load)<br><input type="checkbox"/> B2B - FIV (total viral load and plasmatic load)   | <input type="checkbox"/> Blood (EDTA 0.8 ml) + Plasma (EDTA 0.8 ml)<br><input type="checkbox"/> Blood (EDTA 1 ml)   |

**Result turnaround-time**

- 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 analysis request 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>B</b> <input type="checkbox"/> <b>Bartonella sp.</b><br/> <input type="checkbox"/> Blood (EDTA)<br/> <input type="checkbox"/> Lymph node aspirate<br/> <input type="checkbox"/> Synovial fluid<br/> <input type="checkbox"/> Pericardial fluid<br/> <input type="checkbox"/> Aqueous humour<br/> <input type="checkbox"/> CSF<br/> <input type="checkbox"/> Organs : .....</p> <p><input type="checkbox"/> <b>Bordetella bronchiseptica</b> (Bb)<br/> <input type="checkbox"/> Respi. tract swab / tracheal cells<br/> <input type="checkbox"/> Nasal + oroph. cells<br/> <input type="checkbox"/> Bronchoalveolar Lavage (BAL)<br/> <input type="checkbox"/> Lung<br/> <input type="checkbox"/> Thoracic fluid</p> <p><input type="checkbox"/> <b>Bornavirus</b><br/> <input type="checkbox"/> CSF<br/> <input type="checkbox"/> Organs : .....</p> <p><b>C</b> <input type="checkbox"/> <b>Chlamydia</b> (Chlam)<br/> <input type="checkbox"/> Conjunctival cells<br/> <input type="checkbox"/> Conjunctival +/- corneal cells<br/> <input type="checkbox"/> Organ : .....</p> | <p><input type="checkbox"/> <b>Cryptosporidium sp.</b> (Cryptosp)<br/> <input type="checkbox"/> Rectal swab</p> <p><b>F</b> <input type="checkbox"/> <b>Feline calicivirus</b> (FCV)<br/> <input type="checkbox"/> Oropharyngeal cells<br/> <input type="checkbox"/> Conjunctival +/- corneal cells<br/> <input type="checkbox"/> Nasal cells<br/> <input type="checkbox"/> BAL<br/> <input type="checkbox"/> Blood (EDTA)<br/> <input type="checkbox"/> CSF<br/> <input type="checkbox"/> Abdominal/ thoracic fluid<br/> <input type="checkbox"/> Organs : .....</p> <p><input type="checkbox"/> <b>Feline coronavirus - FIP</b> (FCov)<br/> <input type="checkbox"/> Blood (EDTA) in case of dry form<br/> <input type="checkbox"/> Abdominal fluid<br/> <input type="checkbox"/> Thoracic fluid + Blood(EDTA)<br/> <input type="checkbox"/> CSF (nervous form)<br/> <input type="checkbox"/> Aqueous humour (uveitis)<br/> <input type="checkbox"/> Organs or biopsy (please contact us)</p> <p><input type="checkbox"/> <b>Feline coronavirus digestive signs (only)</b> (FCov)<br/> <input type="checkbox"/> Rectal swab</p> | <p><input type="checkbox"/> <b>Feline coronavirus - Asymptomatic animal</b> (FCov)<br/> <input type="checkbox"/> Rectal swab</p> <p><input type="checkbox"/> <b>Feline herpesvirus</b> (FHV)<br/> <input type="checkbox"/> Oropharyngeal cells (tonsils)<br/> <input type="checkbox"/> Conjunctival +/- corneal cells<br/> <input type="checkbox"/> Nasal cells<br/> <input type="checkbox"/> Corneal sequestra<br/> <input type="checkbox"/> BAL<br/> <input type="checkbox"/> Aqueous Humour<br/> <input type="checkbox"/> Thoracic fluid<br/> <input type="checkbox"/> Organs : .....</p> <p><input type="checkbox"/> <b>FeLV</b> <input type="checkbox"/> <b>FIV</b><br/> <input type="checkbox"/> Blood (EDTA)<br/> <input type="checkbox"/> Oropharyngeal cells (stomatitis)<br/> <input type="checkbox"/> CSF<br/> <input type="checkbox"/> Lymph node aspirate<br/> <input type="checkbox"/> Bone marrow<br/> <input type="checkbox"/> Abdominal/ thoracic fluid<br/> <input type="checkbox"/> Organs or biopsy<br/> <input type="checkbox"/> Aqueous humour<br/> <input type="checkbox"/> Plasma (EDTA) (follow-up positive cat)</p> | <p><b>G</b> <input type="checkbox"/> <b>Giardia</b> (Gia)<br/> <input type="checkbox"/> Rectal swab</p> <p><b>H</b> <input type="checkbox"/> <b>Haemoplasma species</b> (Haem)<br/> <i>Mycoplasma haemofelis</i><br/> <i>&amp; Candidatus M. haemominutum</i><br/> <input type="checkbox"/> Blood (EDTA)<br/> <input type="checkbox"/> Bone marrow<br/> <input type="checkbox"/> Organs (liver, kidney)</p> <p><b>L</b> <input type="checkbox"/> <b>Leishmania</b><br/> <input type="checkbox"/> Blood (EDTA)<br/> <input type="checkbox"/> Lymph node aspirate<br/> <input type="checkbox"/> Bone marrow<br/> <input type="checkbox"/> Cutaneous scraping/ biopsy<br/> <input type="checkbox"/> Synovial fluid</p> <p><input type="checkbox"/> <b>Leptospira</b><br/> <input type="checkbox"/> Blood (EDTA) + urine<br/> <input type="checkbox"/> Organs (liver, kidney)</p> | <p><b>M</b> <input type="checkbox"/> <b>Mycobacteria sp.</b> (Mycob)<br/> <input type="checkbox"/> Lymph node aspirate<br/> <input type="checkbox"/> BAL<br/> <input type="checkbox"/> Cutaneous scraping<br/> <input type="checkbox"/> Organs or biopsy : .....<br/>                 Mycobacteria typing (+80.00€ (VAT not included))*</p> <p><input type="checkbox"/> <b>Mycoplasma felis</b> (Mycopl felis)<br/> <input type="checkbox"/> Respi. tract swab/ tracheal cells<br/> <input type="checkbox"/> Conjunctival +/- corneal cells<br/> <input type="checkbox"/> Nasal cells<br/> <input type="checkbox"/> BAL<br/> <input type="checkbox"/> Synovial fluid</p> <p><b>P</b> <input type="checkbox"/> <b>Papillomavirus sp.</b><br/> <input type="checkbox"/> Biopsy : .....<br/>                 PCR + Typing by sequencing<br/>                 = 83.33€ (VAT not included)</p> | <p><input type="checkbox"/> <b>Parvovirus</b> (Panleucopenia) (FPV)<br/> <input type="checkbox"/> Rectal swab<br/> <input type="checkbox"/> CSF<br/> <input type="checkbox"/> Abdominal/ Thoracic fluid</p> <p><input type="checkbox"/> <b>Poxvirus</b><br/> <input type="checkbox"/> Cutaneous / mucosal scraping<br/> <input type="checkbox"/> Organs or biopsy : .....</p> <p><b>S</b> <input type="checkbox"/> <b>Salmonella sp.</b><br/> <input type="checkbox"/> Rectal swab</p> <p><b>T</b> <input type="checkbox"/> <b>Toxoplasma gondii</b> (Toxo)<br/> <input type="checkbox"/> CSF<br/> <input type="checkbox"/> Aqueous humour<br/> <input type="checkbox"/> Lymph node aspirate<br/> <input type="checkbox"/> BAL<br/> <input type="checkbox"/> Organs : .....<br/> <input type="checkbox"/> Abdominal / thoracic fluid</p> <p><input type="checkbox"/> <b>Tritrichomonas foetus</b> (Tri)<br/> <input type="checkbox"/> Rectal swab</p> |
|--|---|---|---|---|---|

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

**Prices 2023**

**A la carte**

The first pathogen (VAT not included) 45,83 €

the additional pathogen 25 € x ..... € (VAT not included)

**Panels**

one panel only +/- additional pathogen

B2 - 70,83 € ..... €

B3 - 95,83 € ..... €

B4 - 120,83 € ..... €

B5 - 145,83 € ..... €

B6 - 170,83 € ..... €

B7 - 195,83 € ..... €

(VAT not included)

the additional pathogen 25 € 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** ..... €