

TESTS AND PRICES
EFFECTIVE 1 July 2006

501 DW Brooks Drive

Athens, GA 30602-7390

Phone: (706) 542-8092 FAX: (706) 583-0843

For Laboratory Use Only
SUBMISSION NO:
Date Received:

Doctor's Name:			Phone: ()		
Hospital:			FAX: ()		
Address:			Dedicated FAX? <input type="checkbox"/> Yes <input type="checkbox"/> No		
City:	State:	Zip:	There is no additional fee for FAXing results		

Please use one form for each owner - more than one animal can be entered on a form. Please fill in the information requested and Print Clearly. The sample(s) required and the price are listed with each test.

Circle the underlined test(s) requested for each patient, circle the sample(s) to be run for each test and double check that the sample(s) enclosed match the test(s) requested.

OWNER :		SAMPLE DATE :			
1	Patient ID:	Species:	Breed:	Age:	Sex:
	<u>Koi Herpes Virus</u>	DNA probe screening test	\$28.00	<u>Koi Herpes Virus</u>	Serum antibody
	swab of cut tissues			sterile serum or plasma	\$20.00
	Additional sample and handling fee if whole fish received		\$30.00		
	<u>Necropsy, Histopathology and Culture**:</u>		\$120.00	<u>Fish Virus Isolation</u> (in tissue culture)	\$75.00
	list what tissues sampled for culture			refrigerated fresh or frozen tissue	
	<u>Necropsy and Histopathology:</u>		\$100.00	<u>Culture**</u>	\$40.00
				list what tissues sampled	
	<u>Histopathology (More than one tissues):</u>		\$50.00		
	list what tissues sampled				
2	Patient ID:	Species:	Breed:	Age:	Sex:
	<u>Koi Herpes Virus</u>	DNA probe screening test	\$28.00	<u>Koi Herpes Virus</u>	Serum antibody
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	Additional sample and handling fee if whole fish received		\$30.00		
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				list what tissues sampled	
	<u>Histopathology (More than one tissues):</u>		\$50.00		
	list what tissues sampled				

PAYMENT and REPORTING : A bill will be sent at the end of the month for all tests received during that calendar month unless payment is received with sample. We can not accept credit cards for payment. Checks should be made to the Infectious Diseases Laboratory. Results will be sent to a secure FAX machine if a FAX number is given or returned by first class mail. The receiver accepts responsibility for the security of the receiving FAX machine.

Check #: Amount:

PO #:

Billing Name and/or Address if different from above.

Veterinarian's Signature -Required for sample testing.

My signature certifies that I have read and understand the instructions given for sample submission. Additionally, I accept that the records of the Infectious Diseases Laboratory of the University of Georgia's College of Veterinary Medicine are confidential to the extent allowed by the law and the policies of the University of Georgia as defined by the Board of Regents. No results can be given by telephone. In no event shall the Infectious Diseases Laboratory, the personnel of the Infectious Diseases Laboratory, the College of Veterinary Medicine, the University of Georgia, the Board of Regents nor the State of Georgia be liable for incidental, consequential, special or other damages arising from the testing of sample(s) or the providing of test results.