



National Veterinary Laboratory, Inc.
P.O. Box 239 1 Tice Road
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201-891-2992
www.natvetlab.com

FeBart#

FeLeuk#

FIV#

Test Request - Select One:

FeLV Test: Submit 2 unfixed blood smears

FeBart & FIV tests: Submit serum, plasma or 1 blood collection paper

- | | |
|--|--|
| <input type="checkbox"/> FeBart Bartonella Test | <input type="checkbox"/> FeBart & FeLeuk Combo |
| <input type="checkbox"/> FeLeuk FeLV IFA Test | <input type="checkbox"/> FeBart & FIV WB Combo |
| <input type="checkbox"/> FIV WB Screen | <input type="checkbox"/> FeLeuk & FIV WB Combo |
| <input type="checkbox"/> Bartonella Therapy Titration Test* | <input type="checkbox"/> FeBart, FeLeuk & FIV WB |
| <input type="checkbox"/> Kitten FeBart Retest for incubation of infection - Reduced Fee | |

*Therapy titration test should not be done until 6 months after the end of therapy.

Telephone No.

Fax No.

Veterinarian: _____

Print: Fill in ALL information for sections 1, 2, & 3 below

1. Last Name Owner: <input type="text"/>		Date: _____
Pet's Name _____	Age: _____	Sex: _____
Case No.: _____	Breed: <input type="checkbox"/> Dog	
Recheck of this pet's previous NVL result:		<input type="checkbox"/> Positive <input type="checkbox"/> Negative
In hospital FeLV/FIV test results: FeLV: <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Not Tested YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown
2. Risk Factors for Infection:		FIV: <input type="checkbox"/> Neg <input type="checkbox"/> Pos
<input type="checkbox"/> Stray <input type="checkbox"/> Shelter Cat	<input type="checkbox"/> Single cat household <input type="checkbox"/> Multi cat household	<input type="checkbox"/> Not Tested <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Diagnosis or Clinical Signs:		<input type="checkbox"/> Exposed: Lives with Bartonella + Cat(s)
<input type="checkbox"/> History of fleas <input type="checkbox"/> Current flea infestation		
Healthy: <input type="checkbox"/> No Clinical signs - none of the signs listed below:		
or Signs: Check all that apply <input type="checkbox"/>	<input type="checkbox"/> Gingivitis <input type="checkbox"/> Stomatitis <input type="checkbox"/> Oral ulcers <input type="checkbox"/> URI <input type="checkbox"/> Rhinitis <input type="checkbox"/> Sinusitis	
	<input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Uveitis <input type="checkbox"/> Corneal Ulcer <input type="checkbox"/> Keratitis <input type="checkbox"/> Chorioretinitis	
	<input type="checkbox"/> IBD <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Lymphadenopathy <input type="checkbox"/> Fever	
	<input type="checkbox"/> Dermatitis <input type="checkbox"/> Skin papule (Acne) <input type="checkbox"/> Skin granuloma <input type="checkbox"/> Anemia	
	<input type="checkbox"/> Liver Disease <input type="checkbox"/> Heart Disease <input type="checkbox"/> Diabetes	
	<input type="checkbox"/> Other _____	
Public Health: <input type="checkbox"/> Children in household <input type="checkbox"/> Pet going into nursing home		
<input type="checkbox"/> Person immunosuppressed: <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Transplant <input type="checkbox"/> HIV Infected		
<input type="checkbox"/> Cat scratch disease or another Bartonella disease occurred in a person living with this cat		
Treatment: To be filled out when Therapy Titration Test is requested:*		
<input type="checkbox"/> This pet was treated for Bartonella: <input type="checkbox"/> Healthy <input type="checkbox"/> Gingivitis/Stomatitis <input type="checkbox"/> Fever		
<input type="checkbox"/> URI/Conjunctivitis <input type="checkbox"/> GI disease <input type="checkbox"/> Uveitis <input type="checkbox"/> Dermatitis <input type="checkbox"/> Other _____		
Treated with: <input type="checkbox"/> Azithromycin <input type="checkbox"/> Doxycycline <input type="checkbox"/> Other antibiotics _____		
Treatment Response: <input type="checkbox"/> Improved _____ % <input type="checkbox"/> No Improvement <input type="checkbox"/> Worse		

SAMPLES NEEDED FOR TESTS

**PLEASE INDICATE WITH AN “X” THE TEST REQUESTED
FILL IN ALL INFORMATION**

FeBart® Test: Western blot (WB): 1 blood collection paper (BCP)
(for cats and dogs)

FeLeuk® Test: FeLV IFA Test: 2 good quality, thin, unfixed
blood smears

FIV Test: WB Test: 1 blood collection paper (BCP)

TEST COMBINATIONS: **SUBMIT:**

FeBart® & FeLeuk® & FIV WB Triple Combo:
2 unfixed, thin, blood smears & 1 BCP

FeLeuk® & FIV WB Combo:
2 unfixed, thin, blood smears & 1 BCP

FeBart® & FeLeuk® Combo:
2 unfixed, thin, blood smears & 1 BCP

FeBart® & FIV WB Combo: 1 BCP

***Bartonella* Therapy Titration Test*:** (for cats and dogs) 1 BCP

*The therapy titration test is a **comparative test** where we compare the titer of the FeBart® test positive pre-treatment sample (kept in our freezers) with the 6 month post therapy sample. **The titration test cannot be performed if the pet was empirically treated for *Bartonella* without having an initial FeBart® test.** We must have the correct owner's and pet's names in order to match the 2 samples. Please be sure to indicate the percent of clinical improvement, if any, on the submission form.

FIV WB Test: Please indicate if this cat was vaccinated for FIV and the results of any in-hospital FIV test in the areas indicated on the submission form.

Blood Collection Paper:

Be sure the blood or serum soaks through to the opposite side of the BCP, but do not apply blood more than once to the same area. Air dry the BCP for 60 minutes.

PLEASE DO NOT PLACE THE BLOOD COLLECTION PAPER IN A PLASTIC ENVELOPE. This often keeps the paper moist and will cause deterioration of the blood or serum. Be sure the BCP is **completely dry** (requires about 60 minutes at room temperature). The serum or blood is stable for weeks at room temperature when dry or indefinitely when frozen.

Dog: For dog FeBart® and Therapy Titration Tests submit 1 BCP