

VETERINARY CLIENTS

**UNIVERSITY OF CALIFORNIA, DAVIS, COCCIDIOIDOMYCOSIS SEROLOGY LABORATORY
REQUEST FORM**

Send to:

D. Pappagianis, M.D.
P.O. Box 1440
Davis CA 95617

(By mail)

D. Pappagianis, M.D., Medical Microbiology
School of Medicine, University of California
W. Health Sciences Dr.
Tupper Hall, Room 3144, Davis CA 95616-8645
(By courier)

(upin #A58780)
(530) 752-1757

REQUIRED INFORMATION:

OWNER'S LAST NAME(Print) _____ ANIMAL'S NAME _____ ID No. _____

SEX _____ AGE _____ D.O.B. _____ SPECIES/BREED _____ DATE OF ONSET OF ILLNESS _____

ORDERING

DOCTOR _____ DR.'S PHONE # _____

HAS THIS PATIENT BEEN PREVIOUSLY TESTED BY UCD COCCY SEROLOGY LAB? _____

IF YES, REPORT# _____ SAME NAME? _____ SPECIAL PRECAUTIONS REQUIRED? _____ SPECIFY _____

INFORMATION ON SPECIMEN SUBMITTED:

SERUM (draw date) _____ CSF (draw date) _____ specify LUMBAR, CISTERNAL, or VENTRICULAR

OTHER (Not Serum or CSF) Specify Source of specimen _____ (draw date) _____

TEST(S) REQUESTED:

_____ Quantitative Immunodiffusion (IgG) (\$40.00) [For veterinary patients the quantitative immunodiffusion test is usually used instead of the complement fixation test.]

_____ Immunodiffusion (ID) (\$34.00), CPT (RVS) code = 86331 [qualitative for IgG and IgM]

_____ If immunodiffusion positive, please perform quantitative immunodiffusion.

_____ At the discretion of Dr. Pappagianis.

OPTIONAL INFORMATION: (Please provide dates)

Laboratory Results:

ESR _____ TOTAL WBC _____ DIFF: Neut _____ Lymph _____ Mono _____ Eos _____ BLOOD GLUCOSE _____
CSF: Glucose _____ Protein _____ cells _____ Skin Tests: Coccidioidin _____ Tuberculin _____
Histo _____ Other _____ Coccy serologic results obtained elsewhere: ID _____ Latex _____ EIA _____

Brief History/Current patient status:

Anti-fungal Medications (include total dose to date and route):

Our written report of results to be sent to:

**NO SELF-PAY
ACCEPTED**

Billing to be sent to:

NOTE - LABORATORY/FACILITY WILL BE BILLED. WE CANNOT BILL THE OWNERS DIRECTLY.

Full name of patient: _____ Date of Birth: _____

Address of patient: _____ Diagnosis: _____

SUBMISSION OF SEROLOGICAL SPECIMENS FOR COCCIDIOIDOMYCOSIS SEROLOGY

It is essential that **adequate** serum or other body fluid (3ml is the minimum) be submitted for initial and possible retest. Serum (not whole blood) should be separated aseptically, and sent in a sterile screw-capped container. If it is available, **aqueous thimerosal** (Merthiolate) can be added as a preservative.* Specimens can be mailed by regular mail, i.e., first class. It is not necessary to send specimens refrigerated unless no preservative is added. For overnight deliveries a cold pack can be included. Sending specimens with dry ice is overly expensive and the refrigerant effect has usually dissipated by the time the specimen has reached us.

*Add 1 part of aqueous 1:1,000 thimerosal to 9 parts of serum, CSF, etc.

If repeat specimens are sent, the original information should not be repeated, merely a brief interval note relating developments since previous specimen(s); also, if on chemotherapy, total accumulated dosage (by route); if patient has meningitis, please include: cells, glucose, and protein and anatomical source: lumbar, cisternal, or ventricular. These interval notes with current status are imperative for interpretation.

Cutaneous reactivity to coccidioidin is often established before humoral antibodies are detectable. However, if coccidioidomycosis is suspected, serum should be submitted regardless of skin test results.

We do not perform serological tests for histoplasmosis or blastomycosis. If you are in California, send such specimens to the Division of Laboratories, California State Department of Health Services, 2151 Berkeley Way, Berkeley, CA, 94704. If not in California, through your State Health Department to CDC, USPHS, Atlanta, Georgia.

In view of the potential infectiousness of sera or other body fluids that may contain hepatitis or other viruses, specimens should be sent as instructed by the Centers for Disease Control (Interstate Quarantine Regulations 42CFR, Part 72.25 Etiologic Agents):

1. Label each specimen bottle or tube with: **PATIENT NAME; TYPE OF SPECIMEN and DATE SPECIMEN COLLECTED.**
2. Tape bottle or tube with waterproof tape.
3. Place bottle or tube containing specimen in a **SECONDARY** leak-proof metal container with biohazard label.
4. Wrap completed request form around the secondary metal container, **NOT** around the specimen container.
5. Insert into outer (tertiary) cardboard mailer.
6. Ship by first class or courier service.
7. We do not accept specimens sent collect.

Specimens and relevant letters should be sent by mail to:

D. Pappagianis, M.D.
P.O. Box 1440
Davis, CA 95617

OR by courier to:

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