

Lucy Whittier Molecular and Diagnostic Core Facility

Instructions for Sample Submission - Diagnostic Real-Time TaqMan® PCR

Lucy Whittier Molecular & Diagnostic Core Facility
Department of Medicine & Epidemiology
Attn: Dr. E. Scott Weber /KHV Diagnostic Real-Time TaqMan® PCR
School of Veterinary Medicine
3110 Tupper Hall Phone: 530.752.7991
University of California, Davis Fax: 530.754.6862
Davis, CA 95616
Website: <http://www.vmeth.ucdavis.edu/vme/taqmanservice>
Phone: 530.752.7991
Fax: 530.754.6862

Please include a sample submission form with each shipment.

Sample collection information:

1. Keep sample cool at all times to preserve sample integrity and accuracy of PCR testing.
2. **Whole blood** – 2 ml EDTA (purple top) tube: ****DO NOT SEND SERUM****
3. **Tissue** – 25-100 mg of fresh or frozen tissue with **no** preservative
4. **Swabs** – non-culture swab in a red top tube or EDTA tube
5. **Feces** – **fresh** as possible, 1 fecal cup or 1 stool collection tube (fecal swabs OK)

Note: If EDTA tube not filled to normal volume, remove top, shake out excess EDTA prior to partial filling

Shipping Instructions:

1. **All shipments must comply with the International Air Transport Association (IATA) Dangerous Goods regulations.** Please consult the IATA website <http://www.iata.org> or the FedEx Dangerous Goods/Hazardous Materials Hotline at 800.463.3339 (press 81) for further information.
2. **Ship overnight** (Do not ship on Friday)
3. Use FedEx or other express courier (**DO NOT** use US Mail)

Shipping address:

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Tel:530.752.799

Thank you for your sample submission – John Madigan, DVM, MS, Professor, Faculty Advisor, Core Facility

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Diagnostic Real-Time TaqMan® PCR

Gilad, O., Yun, S., Zagmutt-Vergara J., Leutenegger, C.M., Bercovier, H., Hedrick, R.P. (2004). Concentrations of a koi herpesvirus (KHV) in tissues of experimentally infected *Cyprinus carpio koi* as assessed by real-time TaqMan PCR. *Diseases of Aquatic Organisms* 60:179-187.

KHV 1-19 samples \$40.00 per sample; 20 + samples \$36 per sample

Submit: Whole blood, tissue (gill, cranial kidney spleen, and liver)

Sample Submission Form

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<http://www.vetmed.ucdavis.edu/vme/taqmanservice>

Date:

Veterinarian:

Clinic or Hospital:

Address:

Phone:

Fax:

Your Federal Tax ID (FTID) #:

Patient:	Owner:	Species:	Sample Type*
1.	_____	_____	_____
	Clinical Signs: _____		
2.	_____	_____	_____
	Clinical Signs: _____		
3.	_____	_____	_____
	Clinical Signs: _____		
4.	_____	_____	_____
	Clinical Signs: _____		
5.	_____	_____	_____
	Clinical Signs: _____		
6.	_____	_____	_____
	Clinical Signs: _____		
7.	_____	_____	_____
	Clinical Signs: _____		
8.	_____	_____	_____
	Clinical Signs: _____		

(For more samples and additional comments please use back side)

***If you want to combine (pool) multiple sample types to save costs, please indicate above.** For individuals with multiple tissue submissions, all tissue samples from each individual sample will automatically be pooled unless specified above.

Thank you for your sample submission – John Madigan, DVM, MS, Professor, Faculty Advisor, Core Facility