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

1. Last Name Owner: ___________________________ Date: ________________

Pet’s Name ___________________________ Age: ________ Sex: ________ Breed: __________

Case No.: ______________________________________ Recheck of this pet’s previous NVL result:

In hospital FeLV/FIV test results:

FeLV: [ ] Neg [ ] Pos [ ] Not Tested  
FIV: [ ] Neg [ ] Pos [ ] Not Tested  

FIV Vaccinated? [ ] Yes [ ] No [ ] Unknown

2. Risk Factors for Infection:

[ ] Stray [ ] Shelter Cat  
[ ] Single cat household [ ] Multi cat household  
[ ] Exposed: Lives with Bartonella + Cat(s)

3. Diagnosis or Clinical Signs:

Healthy: [ ] No Clinical signs - none of the signs listed below:

Signs: [ ] Gingivitis [ ] Stomatitis [ ] Oral ulcers [ ] URI [ ] Rhinitis [ ] Sinusitis
[ ] Conjunctivitis [ ] Uveitis [ ] Corneal Ulcer [ ] Keratitis [ ] Chorioretinitis
[ ] IBD [ ] Vomiting [ ] Diarrhea [ ] Lymphadenopathy [ ] Fever
[ ] Dermatitis [ ] Skin papule (Acne) [ ] Skin granuloma [ ] Anemia
[ ] Liver Disease [ ] Heart Disease [ ] Diabetes

Other

Public Health: [ ] Children in household  
[ ] Person immunosuppressed: [ ] Chemotherapy  
[ ] Transplant [ ] HIV Infected
[ ] 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:

[ ] This pet was treated for Bartonella: [ ] Healthy [ ] Gingivitis/Stomatitis [ ] Fever
[ ] URI/Conjunctivitis [ ] GI disease [ ] Uveitis [ ] Dermatitis [ ] Other ________

Treated with: [ ] Azithromycin [ ] Doxycycline [ ] Other antibiotics ________

Treatment Response: [ ] Improved ________% [ ] No Improvement [ ] Worse
### SAMPLES NEEDED FOR TESTS

**PLEASE INDICATE WITH AN “X” THE TEST REQUESTED**

**FILL IN ALL INFORMATION**

<table>
<thead>
<tr>
<th>Test</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>FeBart® Test: Western blot (WB)</td>
<td>1 blood collection paper (BCP) (for cats and dogs)</td>
</tr>
<tr>
<td>FeLeuk® Test: FeLV IFA Test:</td>
<td>2 good quality, thin, unfixed blood smears</td>
</tr>
<tr>
<td>FIV Test: WB Test:</td>
<td>1 blood collection paper (BCP)</td>
</tr>
</tbody>
</table>

#### TEST COMBINATIONS:

<table>
<thead>
<tr>
<th>Combination</th>
<th>Submit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>FeBart® &amp; FeLeuk® &amp; FIV WB Combo:</td>
<td>2 unfixed, thin, blood smears &amp; 1 BCP</td>
</tr>
<tr>
<td>FeLeuk® &amp; FIV WB Combo:</td>
<td>2 unfixed, thin, blood smears &amp; 1 BCP</td>
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<td>FeBart® &amp; FIV WB Combo:</td>
<td>1 BCP</td>
</tr>
<tr>
<td>Bartonella Therapy Titration Test*:</td>
<td>1 BCP</td>
</tr>
</tbody>
</table>

*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.*

**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.

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