



THE UNIVERSITY OF  
MELBOURNE

**APCAH PCR Laboratory**  
Asia-Pacific Centre for Animal Health  
The University of Melbourne  
Faculty of Veterinary & Agricultural Sciences  
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Laboratory use only

APCAH #:

Date:

Receiver:

**DIAGNOSTIC PCR FOR FELINE UPPER RESPIRATORY INFECTIONS**  
Includes PCR for feline herpesvirus (FHV), feline calicivirus (FCV) & chlamydia

**DIAGNOSTIC PCR FOR CHLAMYDIA/CHLAMYDOPHILA**  
(Other animal species, eg. avian, marsupial, reptilian, ovine)

Please send submissions to the above address, marked '**Refrigerate on Arrival**'  
and **include this form** with each specimen submitted.

Date collected: \_\_\_\_\_ Date submitted: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Clinic: \_\_\_\_\_

Email: \_\_\_\_\_ Ph: \_\_\_\_\_

Patient name/ID: \_\_\_\_\_ Client name: \_\_\_\_\_

Originating lab reference number: \_\_\_\_\_ Duration of illness: \_\_\_\_\_

Sex: M / F Age: \_\_\_\_ Years \_\_\_\_ Months Number of cats in household: \_\_\_\_\_

**Vaccination Status:** (tick ✓ applicable)

- Vaccinated (has had a primary course and booster every year, approximately on time)
- Partially vaccinated
- Unvaccinated

**Clinical signs / recent medications / additional information:** .....

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**Reporting details**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Email: \_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

**Invoicing details**

Company: \_\_\_\_\_

Attention: \_\_\_\_\_ ABN: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Ph: \_\_\_\_\_