UCDAVIS HEALTH
Coccidioidomycosis Serology Laboratory

Veterinary Test Requisition Form

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For shipping and collection instructions, minimum volumes, turnaround times, and hours, please refer to:
https://health.ucdavis.edu/valley-fever/

Patient Information		Specimen Information	
OWNER'S LAST NAME		SPECIMEN ID	
ANIMAL'S NAME		**SPECIMEN TYPE**	
PATIENT ID (MRN)		☐ Serum	
		☐ CSF: ☐ Lumbar ☐ Shunt	
SPECIES		☐ Pleural Fluid: ☐ Right ☐ Left	
SEX	☐ M ☐ F ☐ Unknown	☐ Other: _____	
DATE OF BIRTH	M M D D Y Y Y Y	COLLECTION DATE	M M D D Y Y Y Y
Has this patient been previously tested by us? ☐ Yes ☐ No	Clinical History, Precautions, Medications, Other Testing		

Submitter Information	
(BILL TO, IF OTHER THAN SUBMITTING FACILITY)	SEND REPORT TO
FACILITY NAME ADDRESS CITY, STATE, ZIP PHONE	FACILITY NAME ADDRESS CITY, STATE, ZIP PHONE
	FAX/EMAIL

Ordering Provider (LAST, FIRST)	

	Test	Description	Cost
☐	**Immunodiffusion Reflex**	Qualitative immunodiffusion screen* for presence of IgM and IgG antibodies specific to Coccidioides. If any observable reactions are present, a quantitative immunodiffusion test for IgG will be performed. (Recommended for new diagnosis)	$45 (+53 if reflex)
☐	**Coccidioides Serology Panel**	Qualitative (IgM and IgG)* and Quantitative (IgG) detection of antibodies specific to Coccidioides (Recommended for follow up with known positive)	$98

*Qualitative immunodiffusion testing is performed on concentrated sample to increase sensitivity.

Effective 11/01/2022