SDS-PAGE Collection and Shipping Instructions

<u>Urine / biofluid (SDS-PAGE) collection kits are no longer delivered separately</u> from biopsy kits. <u>Please follow instructions below for proper sample submission.</u>

Urine

- Collect 3-5 mL urine (cystocentesis, mid-stream catch, or catheterization).
- Transfer whole, unspun urine or supernatant to a collection tube without additives. Ensure the lid is sealed to prevent leakage during shipment.
- Place sample in a "Ziplock" bag in case of leakage.

Optional submission of serum and/or lithium heparin plasma

- If leftover serum or plasma is provided, these samples will be banked and available for additional biochemical testing if needed for further disease characterization.
- A primary goal of the IVRPS is continued development of minimally invasive diagnostic tests for renal disease. Banked serum and plasma will help us develop additional diagnostic tests of renal disease in veterinary patients.
- Obtain approximately 2-4 ml of blood in a serum or lithium heparin tube; centrifuge to separate the serum or plasma.
- Transfer the centrifuged serum or lithium heparin plasma to a separate tube without additives and ship with urine samples.

Biofluid submission

- Refrigerate biofluids (urine, serum, plasma) after collection until shipment.
- Pack in "Ziploc" bags to separate from paperwork and ship with 2-3 ice packs in insulated shipping container.
- Please pack SDS-PAGE samples in a separate bag from biopsy specimens.
- Please ship Monday through Thursday for overnight delivery to reduce sample degradation.
- Ship to:

Dr. J. Hokamp; Dr. M. Nabity VMTH Clin Path - IVRPS 4457 TAMU Bldg 1085 Room 2020 College Station, TX 77843-4457 979-845-9192



International Veterinary Renal Pathology Service

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SDS-PAGE Specimen Submission Form

Submitting Center Hospital/Clinic: Attending Clinician:	
Clinician Email(s)*:	
Lab/Technician Email(s)*:	
Phone:/ Hospital Address:	
Contact for invoice**: Email or fax for invoice**:	
*Results will be sent to email addresses provided on submission form. **Please ensure correct invoice contacts. Missing or incorrect information will	ll delay resulting.
Case Identification Animal Name: Owner Name:	
Signalment: Dog [] Cat [] Breed	
Gender: MI[] MC[] FI[] FS[] Age or Date of Birth: _	
Case or Medical Record Number at Submitting Center:	
Samples Serum sample collected: No [] or Yes []; obtained on	(date).
Plasma sample collected: No [] or Yes []; obtained on	(date).
Urine sample collected: No [] or Yes []; obtained on	(date).
Collection method: Cystocentesis [] Voided [] Catheterized []	
Please provide the most recent UPC results & date performed: Date: UPC: U protein (mg/dl): U creatinine	(mg/dl):
Clinical Synopsis Clinical Syndrome: Acute renal failure [] Nephritic syndrome [] 1 Other (explain):	Nephrotic syndrome []
Other Clinical Data: SCr: SAlb: BP:	
Clinician's Narrative Summary (insert or append):	
For IVRPS Use: Accession no. Date received:	