**SDS-PAGE Collection and Shipping Instructions**

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

**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
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 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 [ ] Nephrotic syndrome [ ]

Other (explain): ___________________________

Other Clinical Data: SCr: __________ SAlb: __________ BP: __________
Clinician’s Narrative Summary (insert or append): ___________________________