



# Amphibian Disease Laboratory

## Submission Form for Amphibian Chytrid Fungus and Ranavirus PCR

Institution Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ Email (required for reporting): \_\_\_\_\_  
 State: \_\_\_\_\_ Total Number of Samples Submitted: \_\_\_\_\_  
 Zip code: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**FOR LAB USE ONLY: Arrival Date \_\_\_\_\_ Plate \_\_\_\_\_ Set ID \_\_\_\_\_**

\* Please make sure the information on this list matches your samples\*

Amphibian ID #	Type of Sample	Species / Common Name	Collection Date	Purpose of Testing <small>(e.g. Sick animal, quarantine screening, routine collection surveillance, pre-release disease testing)</small>	Test <small>Please check C=Chytrid R=Ranavirus</small>
1					C <input type="checkbox"/> R <input type="checkbox"/>
2					C <input type="checkbox"/> R <input type="checkbox"/>
3					C <input type="checkbox"/> R <input type="checkbox"/>
4					C <input type="checkbox"/> R <input type="checkbox"/>
5					C <input type="checkbox"/> R <input type="checkbox"/>
6					C <input type="checkbox"/> R <input type="checkbox"/>
7					C <input type="checkbox"/> R <input type="checkbox"/>
8					C <input type="checkbox"/> R <input type="checkbox"/>
9					C <input type="checkbox"/> R <input type="checkbox"/>
10					C <input type="checkbox"/> R <input type="checkbox"/>
11					C <input type="checkbox"/> R <input type="checkbox"/>
12					C <input type="checkbox"/> R <input type="checkbox"/>
13					C <input type="checkbox"/> R <input type="checkbox"/>
14					C <input type="checkbox"/> R <input type="checkbox"/>
15					C <input type="checkbox"/> R <input type="checkbox"/>

Ship to: Isa Navarrete / Kristin Benson, Amphibian Disease Lab 15600 San Pasqual Valley Road. Escondido CA 92027 USA

- ⇒ Taqman PCR for Chytrid Fungus \$12.00 each. Air-dried skin swab (see submission guidelines).
- ⇒ Taqman PCR for Ranavirus \$18.00 each. Frozen tissue sample (liver, kidney, skin) or pharyngeal swab.
- ⇒ **Processing fee of \$5 per sample applies for non-preferred tubes or swabs. Order free supply kits from us!** Email Isa at [INavarrete@sandiegozoo.org](mailto:INavarrete@sandiegozoo.org).

Questions? Call Kristin or Isa at (760) 747-8702 x5471

Amphibian ID #	Type of Sample	Species / Common Name	Collection Date	Purpose of Testing (e.g. Sick animal, quarantine screening, routine collection surveillance, pre-release disease testing)	Test Please check C=Chytrid R=Ranavirus
16					<input type="checkbox"/> C <input type="checkbox"/> R
17					<input type="checkbox"/> C <input type="checkbox"/> R
18					<input type="checkbox"/> C <input type="checkbox"/> R
18					<input type="checkbox"/> C <input type="checkbox"/> R
20					<input type="checkbox"/> C <input type="checkbox"/> R
21					<input type="checkbox"/> C <input type="checkbox"/> R
22					<input type="checkbox"/> C <input type="checkbox"/> R
23					<input type="checkbox"/> C <input type="checkbox"/> R
24					<input type="checkbox"/> C <input type="checkbox"/> R
25					<input type="checkbox"/> C <input type="checkbox"/> R
26					<input type="checkbox"/> C <input type="checkbox"/> R
27					<input type="checkbox"/> C <input type="checkbox"/> R
28					<input type="checkbox"/> C <input type="checkbox"/> R
28					<input type="checkbox"/> C <input type="checkbox"/> R
30					<input type="checkbox"/> C <input type="checkbox"/> R
31					<input type="checkbox"/> C <input type="checkbox"/> R
32					<input type="checkbox"/> C <input type="checkbox"/> R
33					<input type="checkbox"/> C <input type="checkbox"/> R
34					<input type="checkbox"/> C <input type="checkbox"/> R
35					<input type="checkbox"/> C <input type="checkbox"/> R
36					<input type="checkbox"/> C <input type="checkbox"/> R
37					<input type="checkbox"/> C <input type="checkbox"/> R
38					<input type="checkbox"/> C <input type="checkbox"/> R
38					<input type="checkbox"/> C <input type="checkbox"/> R
40					<input type="checkbox"/> C <input type="checkbox"/> R
41					<input type="checkbox"/> C <input type="checkbox"/> R
42					<input type="checkbox"/> C <input type="checkbox"/> R

Ship to: Isa Navarrete / Kristin Benson, Amphibian Disease Lab 15600 San Pasqual Valley Road. Escondido CA 92027 USA

⇒ Taqman PCR for Chytrid Fungus \$12.00 each. Air-dried skin swab (see submission guidelines).

⇒ Taqman PCR for Ranavirus \$18.00 each. Frozen tissue sample (liver, kidney, skin) or pharyngeal swab.

⇒ **Processing fee of \$5 per sample applies for non-preferred tubes or swabs. Order free supply kits from us!** Email Isa at [INavarrete@sandiegozoo.org](mailto:INavarrete@sandiegozoo.org).

Questions? Call Kristin or Isa at (760) 747-8702 x5471