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**MISSISSIPPI STATE UNIVERSITY COLLEGE OF VETERINARY MEDICINE**

**Canine Cyclosporine Pharmacodynamic Assay (Immune Function via PCR Assay for IL-2)**

Please type in information and then print it. If form is filled in by hand, please use only capital letters to fill the blanks.

**Veterinarian Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Telephone** | **Fax** | **Email** |
| Click or tap here to enter text. | Click here to enter. | Click here to enter. | Click or tap here to enter text. |
| **Veterinary Clinic Address** | Click or tap here to enter text. | | |

**Report results via (chose one):  Email  Fax**

**Patient Information**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Dog’s Name** | | | | | | | **Owner’s Name** | | |
| Click or tap here to enter text. | | | | | | | Click or tap here to enter text. | | |
| **Case/Ref. Number** | | | **Breed** | | | **Age (Years)** | **Weight (Kg)** | **Gender (M/F)** | **Neutered (Y/N)** |
| Click or tap here to enter text. | | | Click here to enter text. | | | Click to enter text. | Click to enter text. | Click to enter text. | Click here to enter text. |
| **Current Diagnosis** | Click or tap here to enter text. | | | | | | | | |
| **Current History  (please fill in all the necessary information)**  ***NOTE: Medication history goes in following section.*** | | Click or tap here to enter text. | | | | | | | |
| **Changes from previous history?**  **(if previous samples submitted, please fill in all significant changes)** | | | | Click or tap here to enter text. | | | | | |
| **Clinical Signs Controlled? (Y/N)** | | | | | **In Remission? (Y/N, plus extra details if needed)** | | | | |
| Click or tap here to enter text. | | | | | Click or tap here to enter text. | | | | |

**Current Treatment**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Drug Name (excluding cyclosporine)** | **Dose (mg)** | **Frequency** | **Drug Name** | **Dose (mg)** | **Frequency** |
| **1.**Click or tap here to enter text. | Enter text. | **Every\_\_\_\_hrs** | **6.**Click or tap here to enter text. | Enter text. | **Every\_\_\_\_hrs** |
| **2.**Click or tap here to enter text. | Enter text. | **Every\_\_\_\_hrs** | **7.**Click or tap here to enter text. | Enter text. | **Every\_\_\_\_hrs** |
| **3.**Click or tap here to enter text. | Enter text. | **Every\_\_\_\_hrs** | **8.**Click or tap here to enter text. | Enter text. | **Every\_\_\_\_hrs** |
| **4.**Click or tap here to enter text. | Enter text. | **Every\_\_\_\_hrs** | **9.**Click or tap here to enter text. | Enter text. | **Every\_\_\_\_hrs** |
| **5.**Click or tap here to enter text. | Enter text. | **Every\_\_\_\_hrs** | **10.**Click or tap here to enter text. | Enter text. | **Every\_\_\_\_hrs** |

**Sample Information**

|  |  |  |
| --- | --- | --- |
| **Date of Collection (m/d/y)** | **Time (am/pm)** | **How Many Hours AFTER Cyclosporine Administration?** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Cyclosporine Current Treatment (check relevant box):**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Atopica®*** | | | ***Neoral®*** | | | | ***Sandimmune®*** | **Compounded** | | **Generic** |
| **Modified (microemulsified, ultramicronized)?** | | | | | **Yes  No  Don’t Know** | | | | | |
| **Manufacturer** | Click or tap here to enter text. | | | | | | | | | |
| **Compounding Pharmacy (only for compounded cyclosporine)** | | | | | | Click or tap here to enter text. | | | | |
| **Dose (mg/kg)** | | **Frequency** | | | | **Start Date (m/d/y)** | | |  | |
| Click or tap here to enter text. | | **Every\_\_\_\_\_hrs** | | | | Click or tap here to enter text. | | |
| **Any Side-effects Observed? Yes  No   (If yes, please cite):** | | | | Click or tap here to enter text. | | | | | | |

