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

**MISSISSIPPI STATE UNIVERSITY COLLEGE OF VETERINARY MEDICINE**

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 and Clinic Address** | **Telephone** | **Fax** | **Email** |
|  |  |  |  |

**Report results via (chose one): Patient Information**

**Email**

**Fax**

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

**Current Treatment**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Drug Name (excluding cyclosporine)** | **Dose (mg)** | **Frequency** | **Drug Name** | **Dose (mg)** | **Frequency** |
| **1.** |  | **Every hrs** | **6.** |  | **Every hrs** |
| **2.** |  | **Every hrs** | **7.** |  | **Every hrs** |
| **3.** |  | **Every hrs** | **8.** |  | **Every hrs** |
| **4.** |  | **Every hrs** | **9.** |  | **Every hrs** |
| **5.** |  | **Every hrs** | **10.** |  | **Every hrs** |

**Sample Information**

|  |  |  |
| --- | --- | --- |
| **Date of Collection (m/d/y)** | **Time (am/pm)** | **How Many Hours AFTER Cyclosporine Administration?** |
|  |  |  |

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

**☐**

**☐**

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

* ***Sample Required: Minimum of 3 mL of unspun, whole blood needed per sample in a lithium-heparinized, or sodium-heparinized (orange-top, or green-top) tube ONLY. Please do not use EDTA tubes. Blood beyond 3mL is always appreciated.***
* ***Cost of the assay is $125 per submission.***
* ***Samples should be submitted at least one week after commencing cyclosporine therapy or one week after making a cyclosporine dosage adjustment.***
* ***Sample can be submitted earlier, at any time during first week of dosing, but please contact our clinicians first to discuss.***
* ***For dogs on twice daily dosing, we request a single peak sample be submitted (2-3 hours post-dosing).***
* ***For dogs on once a day dosing, we request a peak (2-3 hours post dosing) as well as a trough sample (right before the next dosage) in order to determine the amount of immune suppression and recovery that is occurring in the individual animal during the dosing interval. ($125 for both samples)***
* ***Sample should be chilled but not frozen, so sample is best submitted double- bagged with an icepack in an insulated container and shipped within a Styrofoam box.***
* ***Samples should be shipped the same day of their draw for overnight delivery via UPS, or FedEx. If it's an option, please do not use USPS.***
* ***Mailed samples should be received by our lab Tuesday through Thursday. Samples should not be received on Monday, or Friday or be sent during holidays.***
* ***Results are available typically by late Thursday afternoons of the week after the sample arrives. We will contact the veterinarian with results.***
* ***You do not need to set up an account prior to submission of samples. Invoices will be mailed to you at the end of each month.***
* ***We can only accept samples from dogs. We cannot use this assay in samples from cats.***

Shipping Address: Diagnostic Laboratory Services

Attn: Archer/Mackin Pharmacodynamic Laboratory Mississippi State University College of Vet Medicine

240 Wise Center Drive Mississippi State, MS 39762

**CONTACT:**

**Lakshmi Narayanan,** PhD Senior Research Associate

(662) 312-8138; (662) 325-1439 (laboratory); lna45@msstate.edu

*Please contact Lakshmi directly with any questions regarding sample submission or results.*

**CLINICIANS**

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