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***INSTRUCTIONS TO VETERINARIANS
ON COLLECTING DNA SAMPLES AND TISSUE FROM CATS WITH FIP
FOR UC DAVIS RESEARCH***

UC Davis researchers are especially interested in Burmese or Birman cats that have FIP for an FIP genetics study. However, samples are also needed from both random bred and other purebreeds dying from the disease; they will be used in another important study.

BUCCAL SWAB DNA SAMPLES

Instructions for taking buccal swabs and the forms that need to accompany them are on the sockfip.org website. We need buccal swabs from cats that have FIP; from healthy, closely related cats whenever possible (siblings, half-siblings, parents, grandparents); and from unrelated cats from bloodlines that have not suffered from FIP.

TISSUE SAMPLES FROM FIP AFFECTED CATS

We also need some tissue from cats dying of FIP. If the affected cat dies at home, the body should be refrigerated and preferably not frozen. Freezing will not hurt the tissue or viral RNA/DNA, but will make it harder for you to do a mini-necropsy. The body should be transported to you within 24 hours if possible. If longer, it should probably be frozen and gotten to you ASAP. You can do the necropsy as soon as it is thawed enough.

HOW TO TAKE NECROPSY TISSUE SAMPLES FOR THE STUDY

When you get the body, please take a piece of a lesion (not normal tissue) about the size of an almond. The best tissue to take from a cat with abdominal FIP is a piece of thickened omentum (if not thickened, which is unlikely, take a piece of inflamed serosa along with the underlying organ to which it is attached). If the cat has wet FIP in the chest, look for inflamed pleura or pericardium.

If it is dry FIP, you may have more trouble identifying lesions. Lesions are small to large cream colored granulomas (abdomen, chest) or more diffuse thickened/cloudy/inflamed tissues (eyes, CNS). If a cat with dry FIP does not have ocular or neurologic signs, the lesions will be usually in the abdomen. If the cat has neurologi/ocular disease, there will still be abdominal lesions in about one-half of the cases. The lesions will be evident on organs such as the kidneys, mesenteric lymph nodes, liver, ileo/cecal/colic junction – less likely in the chest cavity on the pericardium, or pleura. If it is purely ocular or neurologic, it will be up to you how much effort you want to put into getting a sample. An affected eye can be taken, but slice open the cornea and remove lens, aqueous and vitreous humor so that the alcohol can penetrate into the iris, ciliary body, and retina.

If you open the cranium, lesions are most likely to be seen at the base of the brain (thalamus, pons, brain stem) or somewhere on the meninges or on the ependyma lining the ventricles. When you finally get a piece of lesional tissue, please put it into a crush- and leak-proof jar (the kind that are used for formalin-fixed samples are ideal). Empty and clean the jar of formalin if necessary and add 25 ml of rubbing alcohol (70% isopropyl alcohol). Put in the piece of lesional tissue, seal well, and mail it in a crush proof box along with any buccal swabs and completed forms to:

Niels C. Pedersen, DVM, PhD
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Unfortunately, UC Davis cannot offer financial compensation for this effort either to the owners or to veterinarians. Most participating veterinarians have been great about doing this for the sake of their client and in the hope that research will ultimately help to eliminate, treat, or prevent FIP.

Should you need more advice on an FIP diagnosis or have questions about taking and shipping samples, please feel free to contact Dr. Niels C. Pedersen:

e.mail: ncpedersen@ucdavis.edu (preferred)
Phone: (530) 752-7402 (no answering machine)
Fax: (530) 752-7701

Thank you for your efforts on behalf of FIP research.

Dr. Niels C. Pedersen