



For
Office
Use
Only

SWINE HEALTH TEST CHART

VETERINARIAN _____
Clinic _____
Address _____
City, State & Zip _____
Phone _____ Fax _____
Email _____

OWNER _____
Company: _____
Address _____
City, State & Zip _____
Phone _____ Email _____

Bill to: Clinic Owner Other _____

*** PO (must be listed): _____

Affiliates (list codes) _____

Preferred Method for Reporting Results:

Fax _____

OR
 Email _____ Add'l emails pg. 2

SAMPLES	
Collection Date _____	No. of Samples _____

Consecutively numbering samples (e.g. 1, 2, 3, 4,...) greatly enhances receiving, accessioning, and sample processing efficiencies within the laboratory.

Additional animal form and/or excel spread sheet available on the website

Tube #	Animal ID	Age (check unit)		Sex	Breed
		<input type="checkbox"/> dy <input type="checkbox"/> wk <input type="checkbox"/> mo	<input type="checkbox"/> yr <input type="checkbox"/> adult <input type="checkbox"/> parity		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Tube #	Animal ID	Age (check unit)		Sex	Breed
		<input type="checkbox"/> dy <input type="checkbox"/> wk <input type="checkbox"/> mo	<input type="checkbox"/> yr <input type="checkbox"/> adult <input type="checkbox"/> parity		
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

If you are not sure what test to request, please contact the lab.

ANIMAL LOCATION

SITE NAME _____
Address _____
City, State & Zip _____
County _____ Country _____
Source/Flow ID _____ Reference # _____
Lot ID _____ Service _____
Manager _____

Reason for Test

- Boar Stud
- General Diagnostics
- Surveillance
- Export
- Surveillance- Exhibition/Sale
- Other _____

Site type:

- Boar Stud
- Farrow/sow
- Farrow to Finish
- Finish
- Isolation
- Nursery
- Quarantine
- Wean to Finish

(Specify reason for testing if for official regulatory purposes)

Premise ID (PIN): The premise ID is needed at the time of submission in order to provide accurate reporting and reimbursement for specific health programs.

Premise ID: (attach premises ID bar code sticker if available)

If no sticker, write Premise ID here.



SWINE HEALTH TEST CHART

Check box if
 Boar Stud

VETERINARIAN _____ SITE NAME _____

Site type:

- Boar Stud Farrow to Finish Isolation Quarantine
 Farrow/sow Finish Nursery Wean to Finish

SAMPLE TYPE	<input type="checkbox"/> Serum	<input type="checkbox"/> Oral Fluids	<input type="checkbox"/> Semen	<input type="checkbox"/> Blood Swab	<input type="checkbox"/> Nasal Swab	<input type="checkbox"/> Feces	<input type="checkbox"/> Fecal Swab	<input type="checkbox"/> Enviro. Non Biological	<input type="checkbox"/> Enviro. Biological
CONSECUTIVE SAMPLE ID#S	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

<input type="checkbox"/> Bronchial Swab	<input type="checkbox"/> Feed	<input type="checkbox"/> FTA	<input type="checkbox"/> Isolate <input type="checkbox"/> bacterial <input type="checkbox"/> viral	<input type="checkbox"/> Nucleic Acid	<input type="checkbox"/> Vaccine	<input type="checkbox"/> Processing Fluid	<input type="checkbox"/> Other	<input type="checkbox"/> Other
_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

Export to: _____
Ship date: _____

Expected PRRSV Status
 Pos Neg

Expected _____ Status
 Pos Neg

SEQUENCING

- PCV2 IAV-S (HA)
 PEDV IAV-S (NA)
 PRRS (ORF5) IAV-S (M)
 Rota M hyopneum
 _____ 16S Bacterial

Other sequencing available upon request.

MOLECULAR DIAGNOSTICS

Samples will be tested individually, unless otherwise indicated.

PCR	Test Samples	Test Individually	Pool (< or=5)	Test Positive Pools Individually	PCR	Test Samples	Test Individually	Pool (< or=5)	Test Positive Pools Individually
<input type="checkbox"/> APP	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PCMV	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> A. Suis	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PPV (1 & 2)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Brachyspira hyodysenteriae/hampsonii PCR	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PRRSV (NAEU) (regular screening)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cystoisospora (isospora) suis	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Seneca Valley Virus (SVA RT-PCR)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Erysip	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Influenza A Virus Swine (IAV-S, Flu)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> GPS (Gleaserella parasuis)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IAV-S (USDA Surveillance)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lawsonia	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IAV-S Subtype	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lepto	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PEDV/PDCoV/TGEV RT-PCR	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> M hyopneum	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Rotavirus Panel (A,B,C)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> M hyorhinis	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PRRSV quantification	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> M hyosynoviae	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PLHV123 RT-PCR	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PCV2/3	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ingelvac PRRSv MLV specific PCR*	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sapovirus	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Prevacent PRRSv MLV specific PCR*	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIRUS ISOLATION

- PRRS _____
 IAV _____
 _____ _____
 Forward Isolate to: _____

BACTERIOLOGY

- Aerobic Culture
 Brachyspira Culture
 Salmonella Culture
Other _____

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ADDITIONAL/SPECIAL INSTRUCTIONS

Add'l emails: _____



Check box if
 Boar Stud

VETERINARIAN _____

SITE NAME _____

Site type:

- Boar Stud Farrow to Finish Isolation Quarantine
 Farrow/sow Finish Nursery Wean to Finish

SAMPLE TYPE CONSECUTIVE SAMPLE ID#S	<input type="checkbox"/> Serum	<input type="checkbox"/> Oral Fluids
	_____ to _____	_____ to _____

Export to: _____
Ship date: _____

Expected PRRSV Status
 Pos Neg

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SEROLOGY

All samples will be tested for each assay requested unless noted.

Test Samples	Test Samples	Test Samples
<input type="checkbox"/> APX APP Multi ELISA _____	<input type="checkbox"/> M hyo IDEXX _____	<input type="checkbox"/> Influenza A Virus Swine _____
<input type="checkbox"/> APP 1 ELISA _____	<input type="checkbox"/> M hyo IDVet _____	(IAV-S, Flu) ELISA (screening)
<input type="checkbox"/> APP 2 ELISA _____	<input type="checkbox"/> Test by IDVet if IDEXX _____	<input type="checkbox"/> IAV-S H1N1 beta HI** _____
<input type="checkbox"/> APP 3 ELISA _____	<input type="checkbox"/> Positive _____	<input type="checkbox"/> IAV-S H3N2 Cluster IV HI** _____
<input type="checkbox"/> APP 5 ELISA _____	<input type="checkbox"/> Suspect & Positive _____	** Standard HI procedures
<input type="checkbox"/> APP 7 ELISA _____	<input type="checkbox"/> PPV HI _____	<input type="checkbox"/> IAV-S H1N1 delta 2 HI _____
<input type="checkbox"/> APP 10 ELISA _____	<input type="checkbox"/> PCV2 ELISA (Biochek) _____	<input type="checkbox"/> IAV-S Homologous H1 HI _____
<input type="checkbox"/> APP 12 ELISA _____	<input type="checkbox"/> PEDV IFA Screen (1:40) _____	<input type="checkbox"/> IAV-S Homologous H3 HI _____
<input type="checkbox"/> Brucella BAPA * _____	<input type="checkbox"/> PEDV IFA (4 dilution) _____	<input type="checkbox"/> IAV-S Zoetis gamma H1 XP-012 HI _____
(Default Domestic)	<input type="checkbox"/> PRRS X3 ELISA _____	<input type="checkbox"/> IAV-S Zoetis delta 2 H1 XP-031 HI _____
<input type="checkbox"/> Brucella Card _____	Please mark expected PRRS status in box above	<input type="checkbox"/> IAV-S Zoetis H3 XP-069 HI _____
(Specific Export or Show requirement)	<input type="checkbox"/> Test by IFA if PRRS ELISA positive * _____	<input type="checkbox"/> IAV-S Zoetis Delta 1 726H H1N2 HI _____
<input type="checkbox"/> EMCV SN _____	<input type="checkbox"/> Oral Fluid PRRS ELISA _____	<input type="checkbox"/> TGE ELISA _____
<input type="checkbox"/> HEV HI _____	<input type="checkbox"/> PRRS IFA _____	<input type="checkbox"/> TGE/PRCV ELISA _____
<input type="checkbox"/> Lawsonia pos/neg _____	<input type="checkbox"/> PRV g1 ELISA _____	<input type="checkbox"/> TGE SN _____
<input type="checkbox"/> Lawsonia Titers _____	<input type="checkbox"/> PRV gB ELISA _____	<input type="checkbox"/> Toxoplasma gondii ELISA _____
<input type="checkbox"/> Leptospirosis (6) MAT _____	(Export or Show)	<input type="checkbox"/> Vesicular Stomatitis - VSV SN _____
	<input type="checkbox"/> PRV SN _____	<input type="checkbox"/> _____ _____
	<input type="checkbox"/> Salmonella ELISA _____	
	<input type="checkbox"/> Seneca Valley Virus IFA screening - two dilutions _____	
	<input type="checkbox"/> Seneca Valley Virus IFA titer - four dilutions _____	
	<input type="checkbox"/> _____ _____	

*For other Brucella testing, please specify.

* The lab tests all PRRS ELISA positive samples routinely if they account for 10% or fewer of the submitted samples. If you want any/all PRRSv ELISA positive samples tested, please check this box.

ADDITIONAL/SPECIAL INSTRUCTIONS
