SWINE HEALTH TEST CHART

For Office Use Only

Veterinary Diagnostic Laboratory
1333 Gortner Ave. | St. Paul, MN 55108
612-625-8787 | Fax 612-624-8707 | 1-800-605-8787
Website www.vdl.umn.edu Email: vdl@umn.edu

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

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

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 _____

(Specify reason for testing if for official regulatory purposes)

Site type:

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

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.

Tube #	Animal ID	Age (check unit) ❑dy ❑wk ❑mo ❑yr ❑adult ❑parity	Sex	Breed
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Tube #	Animal ID	Age (check unit) ❑dy ❑wk ❑mo ❑yr ❑adult ❑parity	Sex	Breed
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				

For additional animals, please use the Additional Animal Information Form. Page ____ of _____

University of Minnesota
Veterinary Diagnostic Laboratory
Phone: (612) 625-8787 Fax (612) 624-8707
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Email: vdl@umn.edu

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 CONSECUTIVE SAMPLE ID#'S	☐ Serum _____ to_____	☐ Oral Fluids _____ to_____	☐ Semen _____ to_____	☐ Blood Swab _____ to_____	☐ Nasal Swab _____ to_____	☐ Feces _____ to_____	☐ Fecal Swab _____ to_____	☐ Enviro. Non Biological _____ to_____	☐ Enviro. Biological _____ to_____

☐ Bronchial Swab _____ to_____	☐ Feed _____ to_____	☐ FTA _____ to_____	☐ Isolate ☐ bacterial ☐ viral _____ to_____	☐ Nucleic Acid _____ to_____	☐ Vaccine _____ to_____	☐ Processing Fluid _____ _____ to_____	☐ Other _____ _____ to_____	☐ Other _____ _____ 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*
☐ APP	_____	☐	☐ ____	☐
☐ A. Suis	_____	☐	☐ ____	☐
☐ Brachyspira hyodysenteriae/ hampsonii PCR	_____	☐	☐ ____	☐
☐ Cystoisospora (isospora) suis	_____	☐	☐ ____	☐
☐ Erysip	_____	☐	☐ ____	☐
☐ GPS (Gleasserella parasuis)	_____	☐	☐ ____	☐
☐ Lawsonia	_____	☐	☐ ____	☐
☐ Lepto	_____	☐	☐ ____	☐
☐ M hyopneum	_____	☐	☐ ____	☐
☐ M hyorhinis	_____	☐	☐ ____	☐
☐ M hyosynoviae	_____	☐	☐ ____	☐
☐ PCV2/3	_____	☐	☐ ____	☐
☐ Sapovirus	_____	☐	☐ ____	☐

PCR	*Test Samples*	*Test Individually*	*Pool (< or=5)*	*Test Positive Pools Individually*
☐ PCMV	_____	☐	☐ ____	☐
☐ PPV (1 & 2)	_____	☐	☐ ____	☐
☐ PRRSV (NAEU) (regular screening)	_____	☐	☐ ____	☐
☐ Seneca Valley Virus (SVA RT- PCR)	_____	☐	☐ ____	☐
☐ Influenza A Virus Swine (IAV-S, Flu)	_____	☐	☐ ____	☐
☐ IAV-S (USDA Surveillance)	_____	☐	☐ ____	☐
☐ IAV-S Subtype	_____	☐	☐ ____	☐
☐ PEDV/PDCoV/ TGEV RT- PCR	_____	☐	☐ ____	☐
☐ Rotavirus Panel (A,B,C)	_____	☐	☐ ____	☐
☐ PRRSV quantification	_____	☐	☐ ____	☐
☐ _____	_____	☐	☐ ____	☐
☐ _____	_____	☐	☐ ____	☐

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: _____

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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 CONSECUTIVE SAMPLE ID#'S	☐ Serum _____ to _____	☐ Oral Fluids _____ 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
☐ APX APP Multi ELISA	
☐ APP 1 ELISA	
☐ APP 2 ELISA	
☐ APP 3 ELISA	
☐ APP 5 ELISA	
☐ APP 7 ELISA	
☐ APP 10 ELISA	
☐ APP 12 ELISA	
☐ Brucella BAPA * (Default Domestic)	
☐ Brucella Card (Specific Export or Show requirement)	
☐ EMCV SN	
☐ HEV HI	
☐ Lawsonia pos/neg	
☐ Lawsonia Titers	
☐ Leptospirosis (6) MAT	

*For other Brucella testing, please specify.

	Test Samples
☐ M hyo IDEXX	
☐ M hyo IDVet	
☐ Test by IDVet if IDEXX	
☐ Positive	
☐ Suspect & Positive	
☐ PPV HI	
☐ PCV2 ELISA (Biochek)	
☐ PEDV IFA Screen (1:40)	
☐ PEDV IFA (4 dilution)	
☐ PRRS X3 ELISA	
Please mark expected PRRS status in box above	
☐ Test by IFA if PRRS ELISA positive *	
☐ Oral Fluid PRRS ELISA	
☐ PRRS IFA	
☐ PRV g1 ELISA	
☐ PRV gB ELISA (Export or Show)	
☐ PRV SN	
☐ Salmonella ELISA	
☐ Seneca Valley Virus IFA screening - two dilutions	
☐ Seneca Valley Virus IFA titer - four dilutions	
☐ _____	

	Test Samples
☐ Influenza A Virus Swine (IAV-S, Flu) ELISA (screening)	
☐ IAV-S H1N1 beta HI**	
☐ IAV-S H3N2 Cluster IV HI**	
** Standard HI procedures	
☐ IAV-S H1N1 delta 2 HI	
☐ IAV-S Homologous H1 HI _____	
☐ IAV-S Homologous H3 HI _____	
☐ IAV-S Zoetis gamma H1 XP-012 HI	
☐ IAV-S Zoetis delta 2 H1 XP-031 HI	
☐ IAV-S Zoetis H3 XP-069 HI	
☐ IAV-S Zoetis Delta 1 726H H1N2 HI	
☐ TGE ELISA	
☐ TGE/PRCV ELISA	
☐ TGE SN	
☐ Toxoplasma gondii ELISA	
☐ Vesicular Stomatitis - VSV SN	
☐ _____	

** 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