



## Swine - Necropsy and Sample Submission Form

### Veterinarian

Veterinarian Name \_\_\_\_\_

Clinic \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### Owner/Producer

Owner Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Site/Farm: \_\_\_\_\_

Source/Flow \_\_\_\_\_

For office  
use only

#### Billing

- ☐ Veterinarian  
☐ Owner/producer  
☐ Other \_\_\_\_\_

Contract/PO number \_\_\_\_\_

#### Reporting (\*make sure to write an email address in its section above)

- ☐ \*Veterinarian  
☐ \*Owner/producer  
☐ Other \_\_\_\_\_

Affiliate (list codes) \_\_\_\_\_

Premise ID: attach premises ID bar code sticker

If no sticker, write Premise ID: \_\_\_\_\_

### Specimen History

Specimen(s) \_\_\_\_\_ Age \_\_\_\_\_ ☐ day ☐ wk ☐ mo ☐ yr Sex ☐ M ☐ N/M ☐ F ☐ S/F Date of Death \_\_\_\_\_

Animal name/ID \_\_\_\_\_ Age class ☐ Farrowing ☐ Nursery ☐ Finishing ☐ Adult Weight \_\_\_\_\_ ☐ lb ☐ kg Euthanized: ☐ Yes ☐ No

Additional Herd Information (Herd size, No. sick, No. dead, Vaccination, Therapy...)

### Laboratory Procedures Requested

☐ **Necropsy/General Exam of Tissue** (includes bacteriology, histopathology, molecular diagnostics, parasitology, and virology, as determined by the pathologist to be part of the investigation; toxicology, nutrition and other out-sourced tests will be charged at cost; fees may apply to additional tests).

☐ **General Exam of Feces** Please submit a minimum of 5 grams (quarter size) of feces.

☐ **0 -10 Days:** Aerobic culture (*Salmonella*); Anaerobic culture; PEDv/PCoDv/TGE PCR; Rotavirus PCR; Sapovirus PCR; *Cystoisospora suis* (Coccidia) PCR

☐ **10 days - 7 weeks:** Aerobic culture (*Salmonella*); PEDv/PCoDv/TGE PCR; Rotavirus PCR; Sapovirus PCR; *Cystoisospora suis* (Coccidia) PCR

☐ **8 weeks +:** Aerobic culture (*Salmonella*); PEDv/PCoDv/TGE PCR; *Brachyspira hyodysenteriae/hampsonii* PCR; *Lawsonia intracellularis* PCR

☐ **Test only for:** \_\_\_\_\_

### History/Clinical Signs/Clinical Diagnosis/Necropsy Findings/Additional Information or Requests

**Note:** The MVDL reserves the right to subcontract any work required to complete testing of any and all submissions. Any subcontracted work will be identified on the laboratory report.

