

## Necropsy and Sample Submission Form - Swine

### Attending Veterinarian

(Results\* will be sent here unless otherwise noted)

Veterinarian \_\_\_\_\_

Clinic \_\_\_\_\_

Address \_\_\_\_\_

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

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

Send \*results via  Email: \_\_\_\_\_

OR  Fax: \_\_\_\_\_

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

### Owner/Producer

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

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email

Prem./Ref. ID \_\_\_\_\_ County \_\_\_\_\_

Site/Farm \_\_\_\_\_ Source/Flow \_\_\_\_\_

Lot \_\_\_\_\_ Delivered By \_\_\_\_\_

### Laboratory Procedures Requested

**Necropsy/General Exam of Tissue** (includes bacteriology, EM, histopathology, molecular diagnostics, parasitology, serology, and virology, as determined by the pathologist to be part of the investigation; nutrition, toxicology 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; *Clostridium difficile* culture or ELISA; PEDv/PCoDv/TGE PCR; Rotavirus PCR; Senecavirus A PCR

**10 days - 7 weeks:** Aerobic culture (*Salmonella*); fecal float; PEDv/PCoDv/TGE PCR; Rotavirus PCR

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

**Other:** \_\_\_\_\_

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

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**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.

If applicable  
FAD Number: \_\_\_\_\_

For office  
use only

