

ALL SPECIES HERD HEALTH FORM



South Dakota State University
Animal Disease Research & Diagnostic Lab
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Accession Number _____

Date _____

DVM _____
 Clinic _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Copy to _____
 Bill to _____

Owner _____
 Premise ID _____
 City _____
 State _____ Zip _____
 Phone _____ Fax _____
 Collected on _____ Collected by _____
Species _____ Number Submitted _____

Specimen(s)

<input type="checkbox"/> Whole Blood (EDTA Tube)	<input type="checkbox"/> Serum	<input type="checkbox"/> Semen	<input type="checkbox"/> Feces	<input type="checkbox"/> Fluid	<input type="checkbox"/> Environmental sample
<input type="checkbox"/> Whole Blood Saline (swab)	<input type="checkbox"/> Oral Fluid/Saliva	<input type="checkbox"/> Raw	<input type="checkbox"/> Milk	<input type="checkbox"/> Swab	
	<input type="checkbox"/> Ear Notch	<input type="checkbox"/> Extended	<input type="checkbox"/> Eggs	<input type="checkbox"/> Other _____	

Serology

<input type="checkbox"/> Anaplasmosis ELISA	<input type="checkbox"/> BRSV SN ^ψ	<input type="checkbox"/> PEDV IFA	<input type="checkbox"/> PRRSV US IFA	<input type="checkbox"/> FeLV/FIV
<input type="checkbox"/> Blue Tongue ELISA	<input type="checkbox"/> BVDV Type 1 SN ^ψ	<input type="checkbox"/> Mycoplasma ELISA	<input type="checkbox"/> PRRSV Euro IFA	<input type="checkbox"/> FIP ELISA
<input type="checkbox"/> BLV ELISA	<input type="checkbox"/> BVDV Type 2 SN ^ψ	<i>Please run DAKO, if</i>	<input type="checkbox"/> PRV ELISA	<input type="checkbox"/> Brucella canis
<input type="checkbox"/> Brucella abortus	<input type="checkbox"/> IBR SN ^ψ	<input type="checkbox"/> Positive	<input type="checkbox"/> SIV NP ELISA	<input type="checkbox"/> Avian Influenza AGID
<input type="checkbox"/> BVD A.C.E.	<input type="checkbox"/> PI3 SN ^ψ	<input type="checkbox"/> Suspect	<input type="checkbox"/> EHD AGID	<i>(Serum, Eggs)</i>
<i>(Serum, Ear Notch)</i>	<input type="checkbox"/> Neospora ELISA	<input type="checkbox"/> PRRSV ELISA	<input type="checkbox"/> EIA - Use Federal Form	<input type="checkbox"/> Other _____
<input type="checkbox"/> Johne's Disease ELISA		<i>If positive, run</i>	<input type="checkbox"/> Brucella ovis ELISA	<input type="checkbox"/> Other _____
<input type="checkbox"/> Leptospira MAT		<input type="checkbox"/> PRRSV US IFA	<input type="checkbox"/> OPP/CAE	<input type="checkbox"/> SN ^ψ = Serum Neutralization
		<input type="checkbox"/> PRRSV Euro IFA		

Molecular Diagnostics (PCR) *Additional tests currently available: Classical Swine Fever, Exotic Newcastle Disease, and FMD. Call the laboratory for details.*

	Individual	Pool in (maximum 5)	Test Positive Pools Individually
<input type="checkbox"/> BRSV / BCV multiplex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bluetongue Virus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> BVDV	<input type="checkbox"/>	<input type="checkbox"/> * see key	<input type="checkbox"/>
<input type="checkbox"/> BVDV / BHV – 1 multiplex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> BVDV Typing PCR	<input type="checkbox"/>	<input type="checkbox"/> * see key	<input type="checkbox"/>
<input type="checkbox"/> Circovirus- Type 2 Qualitative (CT value)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Circovirus- Type 2 Quantitative (copies/ml)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Epizootic Hemorrhagic Disease Virus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Johne's Disease –Feces or Intestines	<input type="checkbox"/>	<input type="checkbox"/> = additional charges apply	<input type="checkbox"/>
<input type="checkbox"/> Lawsonia intracellularis –Feces or Intestines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Leptospira	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mycoplasma hyopneumoniae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PEDV / TGEV / PDCoV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PEDV S1 Sequencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Porcine Rotavirus A, B, C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Porcine Parvovirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PRRSV PCR NA/EU Qualitative (CT value)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PRRSV PCR NA/EU Quantitative (copies/ml)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PRRSV Sequencing & Predicted RFLP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Influenza A Matrix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Seneca Valley Virus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SIV- Sequencing <input type="checkbox"/> H <input type="checkbox"/> N <input type="checkbox"/> M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tritrichomonas foetus	<input type="checkbox"/>	<input type="checkbox"/> ‡ see key	<input type="checkbox"/>
<input type="checkbox"/> BLV	<input type="checkbox"/>		
<input type="checkbox"/> Clostridium perfringens [†] see key	<input type="checkbox"/>		
<input type="checkbox"/> E coli (Genotyping)	<input type="checkbox"/>		
<input type="checkbox"/> Mycoplasma bovis	<input type="checkbox"/>		

Key:
 * = Serum=10 max, Blood=20 max, Ear Notch=20 max, Milk (bulk) do not pool.
 † = Genotyping: requires positive culture first.
 ‡ = Check with individual state regulations before pooling.

Bacteriology: Campylobacter Johne's Disease – Culture = 8 weeks

Comments/Special Requests: *(Please use all species herd health form ID sheet for animal IDs).*

This is not an official Federal test form. Use Laboratory VS Forms for Brucellosis and EIA. The ADRL is an accredited AAVLCD Laboratory and a member of the USDA National Animal Health Laboratory Network. Completing and submitting any submission form or any other means of requesting services creates a contractual agreement for services requested and the specimens submitted become the property of ADRL. At no additional expense to our clients, specimens submitted to the ADRL may be subjected to additional testing upon the order of state or federal animal health officials, or when a Foreign Animal Disease is suspected, or in support of surveillance for other animal diseases.