# ALL SPECIES HERD HEALTH FORM

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

*Date* _____

**DVM** _____ **Owner** _____
Clinic _____ Premise ID _____
Address _____ City _____
City _____ State_____ Zip _____ State _____ Zip _____
Phone _____ Fax _____ Phone _____ Fax _____
Copy to _____ Collected on _____ Collected by _____
Export to _____ **Species** _____ Number Submitted _____

**Specimen(s)**
☐ Whole Blood (EDTA Tube)
☐ Whole Blood Saline (swab)
☐ Serum
☐ Oral Fluid/Saliva
☐ Ear Notch
☐ Semen
☐ Raw
☐ Extended
☐ Feces
☐ Milk
☐ Eggs
☐ Fluid
☐ Swab
☐ Other_____
☐ Environmental sample

**Serology**
☐ Anaplasmosis ELISA
☐ Blue Tongue ELISA
☐ BLV ELISA
☐ Brucella abortus
☐ BVD A.C.E. *(Serum,* Ear Notch)
☐ Johne's Disease ELISA
☐ Leptospira MAT
☐ BRSV SN$^{\Psi}$
☐ BVDV Type 1 SN$^{\Psi}$
☐ BVDV Type 2 SN$^{\Psi}$
☐ IBR SN$^{\Psi}$
☐ PI3 SN$^{\Psi}$
☐ Neospora ELISA
☐ PEDV IFA
☐ Mycoplasma ELISA *Please run* DAKO, if ☐ Positive ☐ Suspect
☐ PRRSV ELISA *If positive, run* ☐ PRRSV US IFA ☐ PRRSV Euro IFA
☐ PRRSV US IFA
☐ PRRSV Euro IFA
☐ PRV ELISA
☐ SIV NP ELISA
☐ EHD AGID
☐ EIA - Use Federal Form
☐ Brucella ovis ELISA
☐ OPP/CAE
☐ FeLV/FIV
☐ FIP ELISA
☐ Brucella canis
☐ Avian Influenza AGID *(Serum, Eggs)*
☐ Other_____
☐ Other_____
SN$^{\Psi}$ = Serum Neutralization

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

**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 ADRDL 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 ADRDL. At no additional expense to our clients, specimens submitted to the ADRDL 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.