



Swine Health Submission Form

DVM		
Clinic		
Address		
City	State	Zip
Phone		
Email		

Owner		
Division		
Address		
City	State	Zip
Phone		
Email		

Lab Use Only

****Veterinary Clinic will be billed unless otherwise listed****

Billing Name and Account Number	
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Animal Location		
Site Name		
Address		
City	State	Zip

Test Reason	General Diag.	Exam	Export	Research	Surveillance	Other
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Premise ID (Attach ID Barcode on back of the form and type PIN in adjacent box)

Comment/ History (Include Lot ID and/or Source ID if needed, use animal ID form for IDs)
Collection Date: _____ Number Submitted: _____ Collected by: _____

Site Type	Boar Stud	Breeding Herd	Collection Point (slaughter/market)	Exhibition Center	Farrow to Feeder/Finish	Grow-Finish (Wean to Finish)
Isolation or Growing Replacement Stock	Non-Commercial	Nursery	Truckwash	University or Research Center	Other: _____	

Specimens	Environmental	Fecal Swab	Feces	Feed	Fluid	Nasal Swab	Oral Fluid/Saliva
Processing Fluid	Serum	Semen	Swab	Tissue (Specify): _____	Whole Blood Saline(Swab)		
		Extended Raw			Other: _____		

Bacteriology	Aerobic Culture	Anerobic Culture	Salmonella Enrichment	Other : _____
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Molecular Diagnostics (PCR)	Test	Individual	Pool in (Max. 5)	Test (+)ve Pools Individually	Test	Individual	Pool in (Max. 5)	Test (+)ve Pools Individually
	<i>Brachyspira</i> sp. PCR <i>Cl. perfringens</i> Toxin Gene Typing Circovirus (PCV2) PCR Circovirus (PCV3) PCR E. coli PCR Genotyping <i>Glaesserella Parasuis</i> PCR Influenza A (IAV-S): HA and NA subtyping <i>Lawsonia intracellularis</i> PCR Leptospira PCR				<i>Mycoplasma hyopneumoniae</i> <i>Mycoplasma hyosynoviae/hyorhinis</i> Multiplex Parvovirus PCR PEDV/TGEV/PDCoV PCR PRRS PCR (Serum) PRRS/Influenza A Mutiplex (Oral Fluid) Rotavirus (Type A, B, C) Multiplex Senecavirus A Sapovirus PCR Teschovirus/ Sapelovirus Multiplex			

Sequencing	16S DNA	<i>Brachyspira</i> sp (N gene)	IAV – S (HA)	IAV – S (NA)	PCV2 (ORF 2)	PCV3 (ORF 2)	PEDV S1	PRRS ORF5	Rotavirus
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Serology	Actinobacillus Pleuropneumoniae	Influenza A (IAV - S) NP ELISA	PEDV FFN	PRRS FFN	PRRS Oral Fluid ELISA
	Brucellosis Card	Leptospira MAT	PEDV IFA	PRRS ELISA	PRV gB ELISA
	Brucellosis Plate	Mycoplasma ELISA	PRRS Euro IFA	If Positive, run PRRS Euro IFA	Senecavirus FFN
	Brucellosis Tube	Please run BIOCHECK, if Positive Suspect	PRRS US IFA	PRRS US IFA	Other_____

Virology	IAV-S	PCV	PEDV	PPV	PRRSV	TGEV FA	Virus Isolation	Other_____
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This is not an official Federal test form. Use Laboratory VS Forms for Brucella and EIA testing. The ADRDL is an accredited AAVLD 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 the ADRDL. At no 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.