



PRINT

# SWINE SUBMISSION FORM

KANSAS STATE VETERINARY DIAGNOSTIC LABORATORY  
Mosier D-117, 1800 Denison Avenue, Manhattan, KS 66506-5601  
Phone (785)-532-5650; Toll Free (866)-512-5650; Fax (785) 532-4481;  
Web www.ksvdl.org

KSVDL Use Only

**OFFICE USE ONLY**

**Please complete animal identification information on page 2**

Panel: \_\_\_\_\_ Case Coordinator(s): \_\_\_\_\_

Acct #: \_\_\_\_\_ Internal Ref #: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

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

Results via:  Fax  E-mail: \_\_\_\_\_

Owner/Producer: \_\_\_\_\_

Premise/Farm ID: \_\_\_\_\_

Site ID: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Cell: \_\_\_\_\_

**Result Reporting and Billing:** Affiliate (list codes): \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Bill:  Vet/Clinic  Other: \_\_\_\_\_

**MOLECULAR DIAGNOSTICS:**

**\*PCR samples to be shipped on cold packs**

	Test Samples	Individually	Pools (Not more than 5)	Pool Indicated Samples (bracket animal IDs)	Individually Test Positive Pools
<input type="checkbox"/> Circovirus Differential / Quantitative Type 2A/2B PCR <input type="checkbox"/> Serum <input type="checkbox"/> Tissue	_____	_____	Pools of _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Circovirus Sequencing	_____	_____	Pools of _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <i>Mycoplasma hyopneumoniae</i> PCR <input type="checkbox"/> Lung <input type="checkbox"/> Nasal Swab	_____	_____	Pools of _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PRRSV NA/EU PCR (detects North American & European) <input type="checkbox"/> Blood Swab <input type="checkbox"/> Serum <input type="checkbox"/> Tissue	_____	_____	Pools of _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Swine Influenza Virus (SIV) PCR <input type="checkbox"/> Lung <input type="checkbox"/> Nasal Swab	_____	_____	Pools of _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Swine Influenza Virus (SIV) Genetic Sub-typing PCR <input type="checkbox"/> Lung <input type="checkbox"/> Nasal Swab	_____	_____	Pools of _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Classic Swine Fever (CSF) PCR	_____	_____	Pools of _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> If PCR positive, do VI & Sequence	_____	_____	Pools of _____	<input type="checkbox"/>	<input type="checkbox"/>

**SEROLOGY: (Serum Only)**

	Test Samples:		Test Samples:
<input type="checkbox"/> APP ELISA – Types <input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 7 <input type="checkbox"/> Other: _____	_____	<input type="checkbox"/> Pseudorabies virus (PRV)	_____
<input type="checkbox"/> Brucella abortus (default test is the card test)	_____	<input type="checkbox"/> gB ELISA for export <input type="checkbox"/> GP 1 Differential ELISA <input type="checkbox"/> ELISA <input type="checkbox"/> SN	_____
<input type="checkbox"/> Circovirus type 2 Quantitative IFA	_____	<input type="checkbox"/> Swine Influenza Virus <input type="checkbox"/> Standard NVSL H1 HI <input type="checkbox"/> Standard NVSL H3 HI	_____
<input type="checkbox"/> Leptospirosis 6 serovars (MA)	_____	<input type="checkbox"/> TGE SN	_____
<input type="checkbox"/> <i>Mycoplasma hyopneumoniae</i> <input type="checkbox"/> IDEXX ELISA	_____	<input type="checkbox"/> Vesicular Stomatitis SN <input type="checkbox"/> New Jersey <input type="checkbox"/> Indiana	_____
<input type="checkbox"/> Porcine parvovirus HI	_____	<input type="checkbox"/> Other: _____	_____
<input type="checkbox"/> PRRSV IDEXX ELISA <input type="checkbox"/> Run PRRSV NA/EU IFA on all positive ELISA samples at 1:10 dilution	_____		

**History:**

**VIRUS ISOLATION:**

	Test Samples:
<input type="checkbox"/> PRRSV Isolation <input type="checkbox"/> Blood Swab <input type="checkbox"/> Serum <input type="checkbox"/> Tissue	_____
<input type="checkbox"/> Swine Influenza Virus (SIV) Isolation <input type="checkbox"/> Lung <input type="checkbox"/> Nasal Swab	_____
<input type="checkbox"/> Return Virus Isolate	_____
<input type="checkbox"/> Other: _____	_____

**BACTERIOLOGY:**

Aerobic Culture  Aerobic Susceptibility  
 Other: \_\_\_\_\_ Suspected Organisms: \_\_\_\_\_

HISTOPATH

**LAB USE ONLY**

**COURIER RECORD**

OPENED BY \_\_\_\_\_  
 DHL  Mail  
 FedEx  Exp Mail  
 UPS  Courier  
 Hand Delivered

**COOLANT RECORD**

Frozen  Dry Ice  
 Cold Pack  None  
 Comment \_\_\_\_\_

**SAMPLE CONDITION**

Good  Broken  Leaked  
 Crushed  Sample Split  
 Other \_\_\_\_\_

MISC. INFO.: Disposal Fee \$ \_\_\_\_\_

Payment Rec'd \$ \_\_\_\_\_

Check # \_\_\_\_\_ Credit Card? Yes / No



# SWINE SUBMISSION FORM – Page \_\_\_ of \_\_\_

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**NOTE: This is a continuation of the Swine Submission Form – Please fill out the front of this form completely and legibly.**

Veterinarian: \_\_\_\_\_

Clinic: \_\_\_\_\_

Owner/Producer: \_\_\_\_\_

Premise/Farm ID: \_\_\_\_\_

Site ID: \_\_\_\_\_

	Animal Name / Number / ID	Age / Lot	Observation
1			
2			
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	Animal Name / Number / ID	Age / Lot	Observation
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Veterinarian's Signature:

License #: