SWINE HERD HEALTH FORM

Indiana Animal Disease Diagnostic Laboratories

ADDL at Purdue University

406 S University St West Lafayette, IN 47907-2065 P: 765-494-7440 F: 765-494-9181

Heeke ADDL - SIPAC

11367 E Purdue Farm Road Dubois, IN 47527-9666 P: 812-678-3401 F: 812-678-3412

ADDL USE ON	LY # PAGES:	
DELIVERED:	ARRIVED:	CONDITION:
□ UPS	☐ Chilled	Good
FedEx	Frozen	☐ Broken Jar
□ DHL	Room Temp	Leaked
USPS	Cold Pack	
Exp Mail	Dry Ice	
☐ Drop-Off	None	

If you are submitting an entire body for necropsy, CF.929 Necropsy Submission Form must be used

If the case may have potential legal ran	nifications, CF.1023	3 Legal Ne	cropsy S	ıbmission Form mເ	ust be used	
<u>VETERINARIAN</u> :	AN	IMAL:				
Name	Site	/Farm/Uni	t			
Indiana License #	Ado	dress				.
Clinic						
Address	Site	/Farm/Uni	t Phone _			BARC
City, State, ZIP		emises ID				
Phone Fax		_	DE	MISES	ID	72
Results: Fax Email		P	KEI	AII2E2	IU	
Additional Results by:			ДΛ	RCODE		0
Email Fax			DA	KCODI		
OWNER:						Ш
Name				RE REQUIRED		
Address		KE	GULAI	ORY SUBMISSI	<u>ION</u> :	
City, State, ZIP	Vet	erinarian _				-
☐ Bill to Veterinarian ☐ Bill to Owner (Phone	e)		Purc	ue Fund		
Bill to Third Party (Name/Phone)						
HISTORY: Clinical Problem: ☐ Respiratory Age day wk mo yr # On Site # In <i>A</i>						PLEASE SELECT ONE Classification: Boar Stud Breeding Herd Farrow to Finish Grow-Finish Isolation Nursery Replacement Stock Wean to Finish Exhibition/Non-Commercial
Differential Diagnosis or Disease(s) Suspected _						Other
Rabies Suspect & County Diagnostician Discretion (ADDL Diagnostici	ian will select tests,	based on h	istory pro		ın Budget	Fetal/Neonatal Protocol
SAMPLES SUBMITTED:	Please visit w	ww.addl.n	urdue.edı	for current sample	submission auid	lelines and continuation form
ID/Tube Animal ID	Breed	Sex	Age	Sample Type	Fresh, Fo	ormalin Date Taken

	Animal ID	Breed	Sex	Age	Sample Type	Fresh, chilled	Formalin fixed	Date Taken
1								
2								
3								
4								
5								
6								
7								
8								
9								
10							П	

The owner of the animal or any agent acting with the express authority of the owner agrees that the specimens have been submitted to ADDL and will be handled by ADDL in accordance with ADDL testing procedures, policies, and fees. This handling will include all specified testing and safe disposal of the animal's remains. Specimens and derived isolates become the property of the Indiana ADDL and may be used for teaching or research purposes. The owner expressly consents to such use. In addition to the testing specified above, additional testing may be done: 1) to meet state or federal surveillance programs, 2) by order of state or federal animal health officials, or 3) when a Foreign Animal Disease is suspected. This form only lists frequently requested tests. For the complete list of tests, consult the ADDL Fee Schedule.

SWINE HERD HEALTH FORM PG. 2 Indiana Animal Disease Diagnostic Laboratories

<u>VETERINARIAN</u> :
Name
OWNER:
Name

All requested tests will be run on all samples, unless otherwise indicated in the

"ID #s" field (e.g.		•			Name				
				[MOLECULAR DIAGNOST	ICS	Save Isola	ite	
PRRS TESTING					ID #	Pooled* (max. group size - 5 per pool)	ID #		
Samples must be shipped with	n ice packs. (Oral fluids	CANNOT be	pooled	anels with individual tests listed I orcine Respiratory PCR Panel		ID #s	5 per pool)	ID #s
SUBMISSION REASON					. ,				
Surveillance (Expected	d Negative)	Пр	iagnostic		 Influenza A Virus - Swine (IAV-S) PCR Mycoplasma hyopneumoniae PCR 				
	•	_	Pooled*		■ Porcine Circovirus 2/3 Duplex PCR				
	Individual	ID #s	5 per pool)	ID #s	 PRRS - Po. Reproductive Respiratory Syn. 				
PRRS (EU/NA) (PCR)				_s	w. Enteric Coronavirus Disease PCR Panel	6			
PRRS (EU/NA) (3X ELISA)					■ Porcine Delta Coronavirus (PDCoV) PCR				
PRRS (EU/NA) (IFA)					■ Porcine Epidemic Diarrhea Virus (PED) PCR				
PRRS (VI)					■ Transmissible Gastroenteritis (TGE) PCR				
Test PCR POSITIVE pools ind	•	₹)		P	orcine Enteric PCR Panel				
Virus Isolation (If PCR POSITI	, , ,	DCD)			■ B. hyodysentariae PCR				
Sequence ORF 5 (If PCR or V	, ,		/E\ /IEA\		■ B. hampsonii PCR				
Test ELISA POSITIVE samples	by IFA (II ELI	ISA FOSITI	VE) (IFA)		■ Lawsonia intracellularis PCR				
	Save Isolate	;			■ Salmonella spp. PCR				
List suspected pathogen(s):				s	tandalone PCR tests				
Pool samples if possible (at t	he discretion	of the lab)	A	ctinobacillus pleuropneumoniae PCR				
Aerobic Culture	[Bo	rdetella Cultur	e B	. hyodysentariae/hampsonii PCR				
Aerobic Culture with (pe	er isolate)	Fu	ngal Culture		i. parasuis (Haemophilus) PCR				
Antimicrobial Suscep			<i>lmonella</i> Cultu	ire -	eptospira spp. PCR				
Anaerobic Culture			option below for SA website for furthe	r information.	lycoplasma hyorhinis PCR				
Other:			Serogroupin	a II	Nycoplasma hyosynoviae PCR				
Other.			Serotyping (NVSL)	lycoplasma spp. PCR				
VIROLOGY Save	solate				asteurella multocida PCR orcine Circovirus 2 (PCV2) PCR				
List suspected virus(es):	Solute				orcine Circovirus 3 (PCV3) PCR	H			
·					orcine Rotavirus A,B,C PCR				
Influenza A Virus (VI)					enecavirus A PCR				
Pseudorabies Virus (VI) Porcine Circovirus 2 (VI					treptococcus suis PCR				
Other:))ther:			П	
outen				- -	Visit www.addl.purdue.edu for Mo		anostics	_	idelines
☐ TOXICOLOGY					Oral fluids CA			poomig gu	ideiiiles
List suspected toxin(s)/toxicant(s	5):				PARASITOLOGY				
Bone Screen		Trace Mir	neral/Toxic Meta	l - Tissue	st suspected parasite(s):				
GC/MS Toxicant Screen	(Cd, Co, Cu,	, Fe, Pb, Mn, M	lo, Se, Zn)	st suspected parasite(s).				
Iron		Vitamir	ı E	[Fecal flotation, Qualitative		Fecal	exam, Direc	t
Mycotoxin Screen (AFB				[Fecal flotation, Quantitative			exam, Sedin	
Mycotoxin Screen + Fu				[Fecal flotation, Qualitative Z		Parasi	te identifica	tion
Other/Single Mycotoxii	n:				Fecal larval exam - Baermani	n <u> </u>	Giardi	a/Crypto Pa	nel
☐ <u>SEROLOGY</u>					SPECIMEN INFORMATION			BMISSION	
		. .	·	(154)	Date Bled:	☐ Initi		Retes	st
Brucella abortus, Brucella s		_	cine Rotavirus	` ,	# Samples:	Exhi		☐ Sale	
Brucella abortus, Brucella s	uis (CARD)	Pse	udorabies gB (ELISA)	MOVEMENT AND EXPORT	☐Her		Diagı tion/Validat	
Leptospira (MAT) 7 sero	vars	Toxi	oplasma gondii	i (IFA)	Movement Date:	_ =	d Certifica rstate mov		1011
☐ M. hyopneumoniae (ELI	SA)	Tran	smissible Gastro	enteritis (VN) +				arantine & 1	test
Porcine Circovirus 2 (IFA	A) 	Vesi	cular Stomatitis \	V. (VN) NJ & IN+	BRUCELLOSIS Complete hard test of all alimible	— ☐ Oth	er:		
Po. Epidemic Diarrhea			er:		Complete nero test of all eligible	Ехр	ort to:		
•					animals: Yes No Number of animals in herd:			COPY OF I	
Porcine Parvovirus (IFA)	· · Testing	will be compl	eted by a competer	nt subcontractor.				S SAFE III	

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