

Veterinary Diagnostic Laboratory
1937 Christensen Dr | Ames, IA 50011-1100
515-294-1950 | Fax 515-294-6961 | vetmed.iastate.edu/vdl

VETERINARIAN _____
Clinic _____
Address _____
City, State & Zip _____
Phone _____ Fax _____
Email _____
Accreditation # (if regulatory) _____

If Owner Name and Address are same as Animal Location (include info under Site Name)

OWNER _____
Address _____
City, State & Zip _____

Third-Party Billing (pre-approved)	Affiliates (list clinic names or codes)

Special Reporting Requests

Fax _____
 Email _____

Species: Porcine

Laboratory Use Only Case No. _____
Inventory

ANIMAL LOCATION: Premises, Herd and Submission-Level Identifiers

SITE NAME _____
Address _____
City, State & Zip _____
County _____ Country _____

Premises ID# (attach premises ID bar code sticker if available)

Lot or Group ID _____ **Premises Type (Best Description)**
Source or Flow ID _____ Boar Stud
Reference (Other) _____ Breeding Herd
 Collection Point (Slaughter/Market)
 Exhibition Center
 Farrow to Feeder/Finish
 Grow-Finish (or Wean to Finish)
 Isolation or Growing Replacement Stock
 Non-Commercial Livestock
 Nursery
 Truckwash
 University or Research Center
 Other _____

Vaccine Usage

Vaccine Name	Date Given	Dose

Reason for Test

General Diagnostics
 Surveillance
 Research
 Other _____
(Specify reason for testing if for official regulatory purposes)

HATS Submission

Expected PRRSV Status
 Pos Neg Vaccinated

Expected _____ Status
 Pos Neg Vaccinated

Export to: _____
Ship date: _____

All samples will be tested for each assay requested unless noted in the column "Test Samples" (i.e., PRRSV 1 - 10, PEDV 11 - 20).

SEROLOGY

See ISU VDL website: www.vetmed.iastate.edu/vdl for complete listing of tests, fees, and submission guidelines.

Test Samples	Test Samples	Test Samples	Test Samples	Test Samples
<input type="checkbox"/> APP ApxIV ELISA _____	<input type="checkbox"/> IAV HA (V) _____	<input type="checkbox"/> MHP IDEXX ELISA _____	<input type="checkbox"/> PRRSV X3 ELISA _____	<input type="checkbox"/> Salmonella ELISA _____
<input type="checkbox"/> APP CF (1-5-7) _____	<input type="checkbox"/> IAV HI H1N1 73 (V) _____	<input type="checkbox"/> MHR IgG ELISA _____	<input type="checkbox"/> PRRSV ELISA OF _____	<input type="checkbox"/> SVA IFA scr (V) _____
<input type="checkbox"/> APP CF sero (3) _____	<input type="checkbox"/> IAV HI H1N1 99 (V) _____	<input type="checkbox"/> MHS T20 IgG ELISA _____	<input type="checkbox"/> PRRSV IFA NA scr (V) _____	<input type="checkbox"/> TGEV/PRCV ELISA _____
<input type="checkbox"/> APP CF sero (1) _____	<input type="checkbox"/> IAV HI H1N2 hu (V) _____	<input type="checkbox"/> PCV2 ELISA _____	<input type="checkbox"/> PRRSV IFA EU scr (V) _____	<input type="checkbox"/> TGEV VN (V) _____
<input type="checkbox"/> APP CF sero (5) _____	<input type="checkbox"/> IAV HI H3N2 c1/3 (V) _____	<input type="checkbox"/> PCV2 IFA (4Dil) (V) _____	<input type="checkbox"/> PRRSV IFA NA end (V) _____	<input type="checkbox"/> Toxoplasma ELISA _____
<input type="checkbox"/> APP CF sero (7) _____	<input type="checkbox"/> IAV HI H3N2 c4 (V) _____	<input type="checkbox"/> PCV2 IFA end pt (V) _____	<input type="checkbox"/> PRRSV IFAEU end (V) _____	<input type="checkbox"/> VS VN (V) _____
<input type="checkbox"/> APP Mix ELISA _____	<input type="checkbox"/> IAV HI Pan H1N1 (V) _____	<input type="checkbox"/> PCV2 IFA screen (V) _____	<input type="checkbox"/> PRRSV FFN (V) _____	_____
<input type="checkbox"/> APP 10-12 ELISA _____	<input type="checkbox"/> IAV HI Zoetis (V) _____	<input type="checkbox"/> PCV2 FFN (V) _____	<input type="checkbox"/> PRRSV OF IgM/IgA ELISA ^{^^} _____	_____
<input type="checkbox"/> Brucella BAPA _____	<input type="checkbox"/> IAV HI Other (V) _____	<input type="checkbox"/> PEDV FFN (V) _____	<input type="checkbox"/> PRRSV FMIA EU _____	_____
<input type="checkbox"/> Brucella Card _____	<input type="checkbox"/> Lawsonia ELISA _____	<input type="checkbox"/> PEDV IFA Screen (V) _____	<input type="checkbox"/> PRRSV FMIA NA _____	_____
<input type="checkbox"/> Brucella FPA _____	<input type="checkbox"/> IAV NP ELISA _____	<input type="checkbox"/> PEDV IFA (4Dil) (V) _____	<input type="checkbox"/> PRV g1 ELISA _____	_____
<input type="checkbox"/> Brucella STT _____	<input type="checkbox"/> Lepto (5) MAT _____	<input type="checkbox"/> PEDV S1 FIA (Lumx) _____	<input type="checkbox"/> PRV gB ELISA _____	_____
<input type="checkbox"/> Brucella SPT _____	<input type="checkbox"/> Lepto (6) MAT _____	<input type="checkbox"/> PEDV S1 FIA IgA OF _____	<input type="checkbox"/> PRV VN (V) _____	_____
<input type="checkbox"/> Erysip. (Lumx) _____	<input type="checkbox"/> MHP FMIA _____	<input type="checkbox"/> PPV HI (V) _____	_____	_____

[^]Testing performed in part or in total at a Referral Laboratory.
^{^^}Assay has not been fully validated for all the testing conducted.

Additional Test Selection on Page 2 >
Sample Type Identification on Page 3 >



VETERINARIAN _____

SITE NAME _____

MOLECULAR DIAGNOSTICS

PCR	Individual	Test Samples	Pooled	Test Samples	Pool (< or=5)
A suis	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
APP	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Brachyspira SD screen	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
C diff A & B toxins	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Chlamydia suis	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Cystoisospora suis	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
EMCV	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
GPS	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
IAV screen	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
+subtype	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
IAV USDA	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
IBV	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
ICV	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
JEV^^	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
L. monocytogenes/ivanovii	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Lawsonia	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Lepto	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
MHP	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
MHR	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
MHS	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
M suis	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
P multocida DNT	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
P multocida	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
PCMV	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
PCV2/PCV3	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
PCV2	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
PCV3	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____

QUANTITATIVE	Individual	Test Samples	Pooled	Test Samples	Pool (< or=5)
IAV	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Lawsonia	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
MHP	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
PCV2	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
PCV2/3	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
PCV3	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
PEDV	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
PRRSV	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____

PCR	Individual	Test Samples	Pooled	Test Samples	Pool (< or=5)
PEDV differential	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
PEDV/PDCoV/TGEV	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
PEDV FFN	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
PEDV only	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Pestivirus (APPV)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
PDCoV only	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
PoAstV3	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
PoAstV4	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
PPIV	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
PPV1	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
PRRSV	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
PRRSV Fostera	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
PRRSV Ingelvac ATP	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
PRRSV Ingelvac MLV	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
PRRSV Prevacent	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
PRRSV PrimePac^^	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
PRRSV PRRSGard	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
PPV2	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
PSapov	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
PTV	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Porcine Sapelovirus	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Rota (A,B,C)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Salmonella	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Salmonella Serotyping	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
SVA	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
S suis + mrp	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
TGEV only	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____

TYPING PCR	Individual	Test Samples	Pooled	Test Samples	Pool (< or=5)
APP serotype	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
C perf	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
E coli	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Genetic - F18 E. coli resistance	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
GPS serotype	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
eMyco + ID	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____

SEQUENCING^

- IAV PCV2
- HA protein PEDV
- NA protein Prevacent CLAMP^^
- Fostera CLAMP PRRSV (ORF5)
- Ingelvac CLAMP Rota (A,B,C)
- Dendogram _____
- NGS _____

VIRUS ISOLATION

- IAV PSV
- PCV2 PTV
- PEDV PRRSV
- PDCoV^^ Rota A
- PPV SVA
- Virus Titration _____

Special Instructions

for Sequencing & Virus Isolation
(e.g. # per case, group, location)

BACTERIAL CULTURE

- Culture/ID Sensitivity Save Isolate
- (Please include Age with Sample ID info)

Test Sample #'s _____

Specific organisms/tests _____

Standard Plate Count with 1 ID

PARASITOLOGY ^

Fecal Float _____

Specific organisms/tests _____

^Testing performed in part or in total at a Referral Laboratory.

Sample Type Identification on Page 3 >

^^Assay has not been fully validated for all the testing conducted.

The ISU VDL is a fully accredited laboratory by the American Association of Veterinary Laboratory Diagnosticians and a member of the National Animal Health Laboratory Network. A complete description of ISU VDL's diagnostic services, submission guidelines, client confidentiality policy, and the contractual terms associated with the requests and performance of diagnostic services at the ISU VDL are available at the ISU VDL website (www.vetmed.iastate.edu/vdl). Diagnostic specimens submitted for testing are retained according to the testing section policy. Serology 2 wks; Molecular 3 wks; Analytical Chemistry tissue 6 wks, fluid 2 wks; from the date received.



Laboratory Use Only

Case No.

VETERINARIAN _____

SITE NAME _____

SAMPLES

Consecutively numbering samples (e.g. 1, 2, 3, 4, ...) greatly enhances receiving, accessioning, and sample processing efficiencies within the laboratory.

Collection Date _____ No. of Samples _____

SAMPLE TYPE	<input type="checkbox"/> Serum	<input type="checkbox"/> Oral Fluids	<input type="checkbox"/> Blood Swab	<input type="checkbox"/> Nasal Swab	<input type="checkbox"/> Feces or Fecal Swab	<input type="checkbox"/> Environmental	<input type="checkbox"/> Processing Fluids	<input type="checkbox"/> Other _____
CONSECUTIVE SAMPLE ID#S	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

Sample ID #	Animal ID	Age (check unit)			Location (Other)	Gender	Parity (#)	Sample ID #	Animal ID	Age (check unit)			Location (Other)	Gender	Parity (#)
		<input type="checkbox"/> d	<input type="checkbox"/> wk	<input type="checkbox"/> mo						<input type="checkbox"/> d	<input type="checkbox"/> wk	<input type="checkbox"/> mo			
1								31							
2								32							
3								33							
4								34							
5								35							
6								36							
7								37							
8								38							
9								39							
10								40							
11								41							
12								42							
13								43							
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