

Veterinary Diagnostic Laboratory
1600 South 16th St. | Ames, IA 50011-1250
515-294-1950 | Fax 515-294-3564 | www.vdpam.iastate.edu

Laboratory Use Only Case No. _____
No. Samples _____

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 _____
Division _____
Address _____
City, State, & Zip _____

Third-Party Billing (pre-approved) _____

Affiliates (list codes) _____

Special Reporting Requests
 Phone _____
 Fax _____
 Email _____

Species: Porcine

SAMPLES


Collection Date _____ No. of Samples _____
Consecutively numbering samples (e.g. 1, 2, 3, 4, ...) greatly enhances receiving, accessioning, and sample processing efficiencies within the laboratory.

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"/> yr <input type="checkbox"/> adult			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Test Selection & Sample Type Identification on Page 2 >

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
 Other _____
(Specify reason for testing if for official regulatory purposes)

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"/> yr <input type="checkbox"/> adult			
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

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 web-site (www.vdpam.iastate.edu). Diagnostic specimens submitted for serological or molecular diagnostic testing are generally retained for 2 (serology) to 4 (molecular) weeks from the date received should the need for additional testing arise.

VETERINARIAN _____ SITE NAME _____

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"/> Other _____
	CONSECUTIVE SAMPLE ID#'S _____ to _____		_____ to _____		_____ to _____		_____ to _____

HATS Submission

Expected PRRSV Status Pos Neg

Expected _____ Status Pos Neg

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.vdpam.iastate.edu for complete listing of tests, fees, and submission guidelines.

Serum Only	Test Samples	Serum Only	Test Samples	Serum Only	Test Samples	Serum Only	Test Samples	Serum Only	Test Samples
<input type="checkbox"/> APP CF (1-5-7) _____	_____	<input type="checkbox"/> Erysip. (Lumx) _____	_____	<input type="checkbox"/> PEDV ELISA _____	_____	<input type="checkbox"/> H1 gamma HI _____	_____	<input type="checkbox"/> VS VN _____	_____
<input type="checkbox"/> APP CF sero (3) _____	_____	<input type="checkbox"/> Hepat. E ELISA _____	_____	<input type="checkbox"/> PEDV FFN _____	_____	<input type="checkbox"/> H1 Delta 1 HI _____	_____	_____	_____
<input type="checkbox"/> APP CF sero (1) _____	_____	<input type="checkbox"/> Lawsonia ELISA _____	_____	<input type="checkbox"/> PEDV IFA Screen _____	_____	<input type="checkbox"/> H1 Delta 2 HI _____	_____	_____	_____
<input type="checkbox"/> APP CF sero (5) _____	_____	<input type="checkbox"/> Lepto (5) MAT _____	_____	<input type="checkbox"/> PEDV IFA (4Dil) _____	_____	<input type="checkbox"/> H1 pandem. HI _____	_____	_____	_____
<input type="checkbox"/> APP CF sero (7) _____	_____	<input type="checkbox"/> Lepto (6) MAT _____	_____	<input type="checkbox"/> PRRS X3 ELISA _____	_____	<input type="checkbox"/> H1 Classical HI _____	_____	_____	_____
<input type="checkbox"/> APP Mix ELISA _____	_____	<input type="checkbox"/> M hyo IDEXX _____	_____	<input type="checkbox"/> PRRS IFA NA scr _____	_____	<input type="checkbox"/> H3 Cluster 4 HI _____	_____	_____	_____
<input type="checkbox"/> APP 10-12 ELISA _____	_____	<input type="checkbox"/> M hyo Dako _____	_____	<input type="checkbox"/> PRRS IFA EU scr _____	_____	<input type="checkbox"/> H3 Cluster 1/3 HI _____	_____	_____	_____
<input type="checkbox"/> Brucella BAPA _____	_____	<input type="checkbox"/> PPV HI _____	_____	<input type="checkbox"/> PRRS IFA NA end _____	_____	<input type="checkbox"/> Zoetis Ags HI _____	_____	_____	_____
<input type="checkbox"/> Brucella Card _____	_____	<input type="checkbox"/> PCV2BaculoELISA _____	_____	<input type="checkbox"/> PRRS IFA EU end _____	_____	<input type="checkbox"/> Harris Ags HI _____	_____	_____	_____
<input type="checkbox"/> Brucella FPA _____	_____	<input type="checkbox"/> PCV2 ELISA _____	_____	<input type="checkbox"/> PRRS FFN _____	_____	<input type="checkbox"/> Homologous HI _____	_____	_____	_____
<input type="checkbox"/> Brucella STT _____	_____	<input type="checkbox"/> PCV2 IFA (4Dil) _____	_____	<input type="checkbox"/> PRV gB ELISA _____	_____	<input type="checkbox"/> TGE/PRCV ELISA _____	_____	_____	_____
<input type="checkbox"/> Brucella SPT _____	_____	<input type="checkbox"/> PCV2 IFA end pt _____	_____	<input type="checkbox"/> PRV VN _____	_____	<input type="checkbox"/> TGE VN _____	_____	_____	_____
<input type="checkbox"/> Brucella RAP _____	_____	<input type="checkbox"/> PCV2 FFN _____	_____	<input type="checkbox"/> SIV NP ELISA _____	_____	<input type="checkbox"/> Toxoplasma LAT _____	_____	_____	_____

ORAL FLUIDS
Antibody Assays

PRRS OF ELISA _____

MOLECULAR & VIRAL DIAGNOSTICS

Pool All Samples in Groups of _____ (≤ 5)

Samples tested individually, unless otherwise indicated.

See ISU VDL website: www.vdpam.iastate.edu for guidance on appropriate sample types.

PCR	Test Samples	Test Individually	Pool (< or=5)	Test Positive Pools Individually
<input type="checkbox"/> A suis _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> APP _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> HPS _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lawsonia _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lepto _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> M hyponeum _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> M hyorhinis _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> M hyosynoviae _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> M suis _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PCV2 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PCV2 quantitation _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PEDV _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PEDV differential _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PCR	Test Samples	Test Individually	Pool (< or=5)	Test Positive Pools Individually
<input type="checkbox"/> PEDV quantitation _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PDCoV _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PPV _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PRRS _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PRRS quantitation _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rota (A,B,C) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SIV screen _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SIV + Subtype _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SIV (USDA Surv) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> TGE _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SEQUENCING

PCV2 _____

PEDV _____

PRRS (ORF5) _____

SIV (HA) _____

VIRUS ISOLATION

PCV2 _____ SIV _____

PPV _____

PRRSV _____

Forward Isolate to _____

Special Instructions

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

BACTERIAL CULTURE

Culture/ID Sensitivity Save Isolate

Forward Isolate to _____ Test Samples _____

*Please include **Age** with sample-level information and note **Syndrome** below to aid in culture setup.

Check all that apply: Enteric Respiratory Systemic

Specific organisms/special test _____

Additional Information or Test Requests:

