

Veterinary Diagnostic Laboratory
1850 Christensen Dr | Ames, IA 50011-1134
515-294-1950 | Fax 515-294-6961 | www.vetmed.iastate.edu/vdl

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 _____
Address _____
City, State, & Zip _____

Third-Party Billing (pre-approved)

Affiliates (list codes)

Special Reporting Requests

Fax _____
 Email _____

Species: Porcine

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 _____
Source or Flow ID _____
Reference (Other) _____

Premises Type (Best Description)

- Boar Stud
- 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"/> Brucella STT _____	<input type="checkbox"/> MHS T20 IgG ELISA _____	<input type="checkbox"/> PEDV S1 Fmia IgA ^{^^} _____	<input type="checkbox"/> PRV VN _____
<input type="checkbox"/> APP CF (1-5-7) _____	<input type="checkbox"/> Brucella SPT _____	<input type="checkbox"/> PPV HI _____	<input type="checkbox"/> PRRSV ELISA serum _____	<input type="checkbox"/> Salmonella ELISA _____
<input type="checkbox"/> APP CF sero (3) _____	<input type="checkbox"/> Erysip. (Lumx) _____	<input type="checkbox"/> PCV2 ELISA _____	<input type="checkbox"/> PRRSV ELISA OF _____	<input type="checkbox"/> SVA IFA scr _____
<input type="checkbox"/> APP CF sero (1) _____	<input type="checkbox"/> IAV NP ELISA _____	<input type="checkbox"/> PCV2 IFA (4Dil) _____	<input type="checkbox"/> PRRSV IFA NA scr _____	<input type="checkbox"/> TGEV/PRCV ELISA _____
<input type="checkbox"/> APP CF sero (5) _____	<input type="checkbox"/> IAV HI - CALL _____	<input type="checkbox"/> PCV2 IFA end pt _____	<input type="checkbox"/> PRRSV IFA EU scr _____	<input type="checkbox"/> TGEV VN _____
<input type="checkbox"/> APP CF sero (7) _____	<input type="checkbox"/> Lawsonia ELISA _____	<input type="checkbox"/> PCV2 FFN _____	<input type="checkbox"/> PRRSV IFA NA end _____	<input type="checkbox"/> Toxoplasma ELISA _____
<input type="checkbox"/> APP Mix ELISA _____	<input type="checkbox"/> Lepto (5) MAT _____	<input type="checkbox"/> PEDV ELISA _____	<input type="checkbox"/> PRRSV IFAEU end _____	<input type="checkbox"/> VS VN _____
<input type="checkbox"/> APP 10-12 ELISA _____	<input type="checkbox"/> Lepto (6) MAT _____	<input type="checkbox"/> PEDV FFN _____	<input type="checkbox"/> PRRSV FFN _____	_____
<input type="checkbox"/> Brucella BAPA _____	<input type="checkbox"/> MHP HIPRA _____	<input type="checkbox"/> PEDV IFA Screen _____	<input type="checkbox"/> PRRSV OF IgM/IgA ^{^^} _____	_____
<input type="checkbox"/> Brucella Card _____	<input type="checkbox"/> MHP IDEXX _____	<input type="checkbox"/> PEDV IFA (4Dil) _____	<input type="checkbox"/> PRV g1 ELISA _____	_____
<input type="checkbox"/> Brucella FPA _____	<input type="checkbox"/> MHR IgG ELISA _____	<input type="checkbox"/> PEDV S1 Fmia (Lumx) _____	<input type="checkbox"/> PRV gB ELISA _____	_____

[^]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 >



Laboratory Use Only

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No. Samples _____

VETERINARIAN _____

SITE NAME _____

MOLECULAR DIAGNOSTICS

PCR	Test		Test		Pool (< or=5)	PCR	Test		Test		Pool (< or=5)
	Individual	Samples	Pooled	Samples			Individual	Samples	Pooled	Samples	
A suis	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____	PCV3	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
APP	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____	PCV3 quantitation	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Brachyspira SD screen	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____	PEDV/PDCoV/TGEV	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Erysipelas	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____	PEDV only	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
GPS (fka HPS)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____	PEDV differential	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
GPS serotype	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____	PEDV quantitation	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
IAV screen	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____	Pestivirus (APPV)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
IAV+subtype All	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____	PDCoV only	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
IAV+subtype 1 USDA	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____	PoAstV3	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
IAV+subtype All USDA	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____	PPIV-1	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
IAV quantitation	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____	PPV	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Lawsonia	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____	PRRSV	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Lawsonia quantitation	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____	PRRSV quantitation	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Lepto	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____	PTV	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
MHP	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____	PSV	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
MHP quantitation	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____	Rota (A,B,C)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
MHR	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____	Salmonella	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
MHS	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____	Senecavirus A	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
M suis	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____	S suis	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
PCMV	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____	TGEV only	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
PCV2/PCV3	<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"/>	_____	_____

SEQUENCING^

IAV-S (HA) PRRSV (ORF5)
 PCV2 Ingelvac CLAMP
 PEDV Fostera CLAMP^^
 Rota (A,B,C) _____
Dendrogram _____
NGS _____

VIRUS ISOLATION

IAV-S 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 _____

PARASITOLGY

Fecal Float _____

Specific organisms/tests _____

Additional Information or Test Requests:

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^^ 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 web-site (www.vetmed.iastate.edu/vdl). 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.



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VETERINARIAN _____

SITE NAME _____

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 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							
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11								41							
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