

**Veterinary Diagnostic Laboratory**  
1937 Christensen Dr | Ames, IA 50011-1100  
515-294-1950 | Fax 515-294-6961 | [vetmed.iastate.edu/vdl](http://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 \_\_\_\_\_

<b>Third-Party Billing</b> (pre-approved)	<b>Affiliates</b> (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 \_\_\_\_\_  
Source or Flow ID \_\_\_\_\_  
Reference (Other) \_\_\_\_\_

**Vaccine Usage**

Vaccine Name	Date Given	Dose

- 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 \_\_\_\_\_

**Reason for Test**

- General Diagnostics
- Surveillance
- Research
- Xenotransplant
- 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](http://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 <sup>^^</sup>	
<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 gI ELISA	
<input type="checkbox"/> Brucella STT	<input type="checkbox"/> Lepto (5) MAT	<input type="checkbox"/> PEDV S1 FMIA (Lumx)	<input type="checkbox"/> PRV gB ELISA	
<input type="checkbox"/> Brucella SPT	<input type="checkbox"/> Lepto (6) MAT	<input type="checkbox"/> PEDV S1 FMIA IgA OF	<input type="checkbox"/> PRV VN (V)	
<input type="checkbox"/> Erysip. (Lumx)	<input type="checkbox"/> MHP FMIA	<input type="checkbox"/> PPV HI (V)		

<sup>^</sup>Testing performed in part or in total at a Referral Laboratory.  
<sup>^^</sup>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"/>	_____	_____
E. rhusiopathiae	<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"/>	_____	_____

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)
PCV2	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
PCV3	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
PEDV differential	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
PEDV/PDCoV/TGEV	<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 Fosterera	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
PRRSV Ingelvac MLV/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"/>	_____	_____
Porcine F18 E. coli susceptibility	<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^^
- Fosterera 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](http://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							
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