

SWINE HERD HEALTH FORM

Indiana Animal Disease Diagnostic Laboratories

ADDL at Purdue University

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West Lafayette, IN 47907-2065
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Heeke ADDL - SIPAC

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

ADDL USE ONLY # PAGES:

DELIVERED:	ARRIVED:	CONDITION:
<input type="checkbox"/> UPS	<input type="checkbox"/> Chilled	<input type="checkbox"/> Good
<input type="checkbox"/> FedEx	<input type="checkbox"/> Frozen	<input type="checkbox"/> Broken Jar
<input type="checkbox"/> DHL	<input type="checkbox"/> Room Temp	<input type="checkbox"/> Leaked
<input type="checkbox"/> USPS	<input type="checkbox"/> Cold Pack	
<input type="checkbox"/> Exp Mail	<input type="checkbox"/> Dry Ice	
<input type="checkbox"/> Drop-Off	<input type="checkbox"/> 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 ramifications, CF.1023 Legal Necropsy Submission Form must be used*****

VETERINARIAN:

Name _____
 Indiana License # _____
 Clinic _____
 Address _____
 City, State, ZIP _____
 Phone _____ Fax _____
 Results: Fax Email _____

ANIMAL:

Site/Farm/Unit _____
 Address _____
 City, State, ZIP _____
 Site/Farm/Unit Phone _____

Premises ID _____

PREMISES ID BARCODE

**SIGNATURE REQUIRED FOR
REGULATORY SUBMISSION:**

OWNER:

Name _____
 Address _____
 City, State, ZIP _____

Veterinarian _____

Bill to Veterinarian Bill to Owner (Phone) _____ Purdue Fund _____
 Bill to Third Party (Name/Phone) _____ RIO/SIO _____

HISTORY: Clinical Problem: Respiratory Enteric Neurologic Reproductive Other Surveillance

Age ____ day wk mo yr # On Site ____ # In Affected Group ____ # Sick ____ # Dead ____ Breed _____

PLEASE SELECT ONE

- Classification:**
- Boar Stud
 - Breeding Herd
 - Farrow to Finish
 - Grow-Finish
 - Isolation
 - Nursery
 - Replacement Stock
 - Wean to Finish
 - Exhibition/Non-Commercial
 - Other

Differential Diagnosis or Disease(s) Suspected _____

Rabies Suspect & County _____ Histopathology IHC Serology (see page 2) Insurance Fetal/Neonatal Protocol
 Diagnostician Discretion (ADDL Diagnostician will select tests, based on history provided); Diagnostician Budget _____
If no tests are marked, 'Diagnostician Discretion' will be assumed.

SAMPLES SUBMITTED:

Please visit www.addl.purdue.edu for current sample submission guidelines and continuation form.

ID/Tube	Animal ID	Breed	Sex	Age	Sample Type	Fresh, chilled	Formalin fixed	Date Taken
1						<input type="checkbox"/>	<input type="checkbox"/>	
2						<input type="checkbox"/>	<input type="checkbox"/>	
3						<input type="checkbox"/>	<input type="checkbox"/>	
4						<input type="checkbox"/>	<input type="checkbox"/>	
5						<input type="checkbox"/>	<input type="checkbox"/>	
6						<input type="checkbox"/>	<input type="checkbox"/>	
7						<input type="checkbox"/>	<input type="checkbox"/>	
8						<input type="checkbox"/>	<input type="checkbox"/>	
9						<input type="checkbox"/>	<input type="checkbox"/>	
10						<input type="checkbox"/>	<input type="checkbox"/>	

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.

ADDL BARCODE

SWINE HERD HEALTH FORM PG. 2

Indiana Animal Disease Diagnostic Laboratories

VETERINARIAN:

Name _____

OWNER:

Name _____

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

"ID #s" field (e.g. 1 - 4 Aerobic Culture 5 Salmonella (PCR))

PRRS TESTING

Samples must be shipped with ice packs. Oral fluids CANNOT be pooled.

SUBMISSION REASON

Surveillance (Expected Negative) Diagnostic

	Individual	ID #s	Pooled* (max. group size - 5 per pool)	ID #s
PRRS (EU/NA) (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
PRRS (EU/NA) (3X ELISA)	<input type="checkbox"/>	_____		
PRRS (EU/NA) (IFA)	<input type="checkbox"/>	_____		
PRRS (VI)	<input type="checkbox"/>	_____		

- Test PCR POSITIVE pools individually (PCR)
 Virus Isolation (If PCR POSITIVE) (VI)
 Sequence ORF 5 (If PCR or VI POSITIVE) (PCR)
 Test ELISA POSITIVE samples by IFA (If ELISA POSITIVE) (IFA)

BACTERIOLOGY Save Isolate

List suspected pathogen(s):

- Pool samples if possible (at the discretion of the lab)
 _____ Aerobic Culture _____ *Bordetella* Culture
 _____ Aerobic Culture with (per isolate) Antimicrobial Susceptibility _____ Fungal Culture
 _____ Anaerobic Culture _____ *Salmonella* Culture
 _____ Other: _____ Serogrouping
 Serotyping (NVSL)
- Choose at least one option below for SALMONELLA POSITIVES. See ADDL website for further information.

VIROLOGY Save Isolate

List suspected virus(es):

- _____ Influenza A Virus (VI)
 _____ Pseudorabies Virus (VI)
 _____ Porcine Circovirus 2 (VI)
 _____ Other: _____

TOXICOLOGY

List suspected toxin(s)/toxicant(s):

- _____ Bone Screen _____ Trace Mineral/Toxic Metal - Tissue
 _____ GC/MS Toxicant Screen (Cd, Co, Cu, Fe, Pb, Mn, Mo, Se, Zn)
 _____ Iron _____ Vitamin E
 _____ Mycotoxin Screen (AFB, DON, ZEA)
 _____ Mycotoxin Screen + Fumonisin
 _____ Other/Single Mycotoxin: _____

SEROLOGY

- _____ *Brucella abortus, Brucella suis* (BAPA) _____ Porcine Rotavirus (IFA)
 _____ *Brucella abortus, Brucella suis* (CARD) _____ Pseudorabies gB (ELISA)
 _____ *Leptospira* (MAT) 7 serovars _____ *Toxoplasma gondii* (IFA)
 _____ *M. hyopneumoniae* (ELISA) _____ Transmissible Gastroenteritis (VN) **
 _____ Porcine Circovirus 2 (IFA) _____ Vesicular Stomatitis V. (VN) NJ & IN**
 _____ Po. Epidemic Diarrhea Virus (IFA) _____ Other: _____
 _____ Porcine Parvovirus (IFA) ** Testing will be completed by a competent subcontractor.

MOLECULAR DIAGNOSTICS Save Isolate

Panels with individual tests listed	Individual	ID #s	Pooled* (max. group size - 5 per pool)	ID #s
Porcine Respiratory PCR Panel	<input type="checkbox"/>	_____		
▪ Influenza A Virus - Swine (IAV-S) PCR	<input type="checkbox"/>	_____		
▪ <i>Mycoplasma hyopneumoniae</i> PCR	<input type="checkbox"/>	_____		
▪ Porcine Circovirus 2/3 Duplex PCR	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
▪ PRRS - Po. Reproductive Respiratory Syn.	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Sw. Enteric Coronavirus Disease PCR Panel	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
▪ Porcine Delta Coronavirus (PDCoV) PCR	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
▪ Porcine Epidemic Diarrhea Virus (PED) PCR	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
▪ Transmissible Gastroenteritis (TGE) PCR	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Porcine Enteric PCR Panel	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
▪ <i>B. hyodysenteriae</i> PCR	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
▪ <i>B. hamptonii</i> PCR	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
▪ <i>Lawsonia intracellularis</i> PCR	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
▪ <i>Salmonella</i> spp. PCR	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Standalone PCR tests				
<i>Actinobacillus pleuropneumoniae</i> PCR	<input type="checkbox"/>	_____		
<i>B. hyodysenteriae/hamptonii</i> PCR	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<i>G. parasuis</i> (<i>Haemophilus</i>) PCR	<input type="checkbox"/>	_____		
<i>Leptospira</i> spp. PCR	<input type="checkbox"/>	_____		
<i>Mycoplasma hyorhinis</i> PCR	<input type="checkbox"/>	_____		
<i>Mycoplasma hyosynoviae</i> PCR	<input type="checkbox"/>	_____		
<i>Mycoplasma</i> spp. PCR	<input type="checkbox"/>	_____		
<i>Pasteurella multocida</i> PCR	<input type="checkbox"/>	_____		
Porcine Circovirus 2 (PCV2) PCR	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Porcine Circovirus 3 (PCV3) PCR	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Porcine Rotavirus A,B,C PCR	<input type="checkbox"/>	_____		
Senecavirus A PCR	<input type="checkbox"/>	_____		
<i>Streptococcus suis</i> PCR	<input type="checkbox"/>	_____		
Other: _____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

*Visit www.addl.purdue.edu for Molecular Diagnostics pooling guidelines
Oral fluids CANNOT be pooled.

PARASITOLOGY

List suspected parasite(s):

- _____ Fecal flotation, Qualitative _____ Fecal exam, Direct
 _____ Fecal flotation, Quantitative _____ Fecal exam, Sedimentation
 _____ Fecal flotation, Qualitative ZnSO₄ _____ Parasite identification
 _____ Fecal larval exam - Baermann _____ *Giardia/Crypto* Panel

SPECIMEN INFORMATION

Date Bled: _____

Samples: _____

MOVEMENT AND EXPORT

Movement Date: _____

Results By: _____

BRUCellosis

Complete herd test of all eligible animals: Yes No

Number of animals in herd: _____

SEROLOGY SUBMISSION REASON

Initial Test Retest

Exhibition Sale

Herd Test Diagnostic

Herd Certification/Validation

Interstate movement

Post move quarantine & test

Other: _____

Export to: _____

PLEASE INCLUDE COPY OF EXPORT REQUIREMENTS & CALL THE LAB