

SWINE HERD HEALTH FORM

Indiana Animal Disease Diagnostic Laboratories

ADDL at Purdue University

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West Lafayette, IN 47907-2065
P: 765-494-7440 F: 765-494-9181

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	

VETERINARIAN:

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

ANIMAL:

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

Premise ID _____

PREMISE ID BARCODE

ADDL BARCODE

OWNER:

Name _____
Address _____
City, State, ZIP _____

SIGNATURE FOR REGULATORY SUBMISSION:

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

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

Species:

- Boar Stud
- Farrow-Wean
- Grower/Finisher
- Isolation
- Multiplier
- Nursery
- Other

Differential Diagnosis or Disease(s) Suspected _____

- Legal/Insurance
 - Necropsy Abortion Protocol Histopathology IHC Serology (see page 2)
 - Diagnostician Discretion (ADDL Diagnostician will select tests, based on history provided)
- If no tests are marked, 'Diagnostician Discretion' will be assumed.**

SAMPLES SUBMITTED:

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

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.

Visit us at www.addl.purdue.edu

SWINE HERD HEALTH FORM PG. 2

Indiana Animal Disease Diagnostic Laboratories

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))

VETERINARIAN:

Name _____

OWNER:

Name _____

PRRS TESTING

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

SUBMISSION REASON

- Surveillance (Expected Negative)
 Diagnostic

	Individual	ID #s	Pooled*	ID #s (max. 5)
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)

BACTERIOLOGY

Save Isolate

List suspected pathogen(s):

Pool samples if possible (at the discretion of the lab)

- _____ Aerobic Culture _____ Bordetella Culture
 _____ Anaerobic Culture _____ Fungal Culture
 _____ Antimicrobial Susceptibility _____ Salmonella Culture
 _____ Other: _____

VIROLOGY

Save Isolate

List suspected virus(es):

- _____ Electron Microscopy (EM) _____ Porcine Rotavirus (FA)
 _____ PCV2 (FA) _____ Pseudorabies Virus (VI)
 _____ PCV2 (VI) _____ TGE (FA)
 _____ Porcine Parvovirus (FA)
 _____ Other: _____

PARASITOLOGY

List suspected parasite(s):

- _____ Fecal flotation, Qualitative _____ Fecal exam, Direct
 _____ Fecal flotation, Quantitative _____ Fecal exam, Sedimentation
 _____ Fecal flotation, Qualitative ZnSO₄ _____ Parasite identification
 _____ Cryptosporidium FA

SEROLOGY

Date Bled: _____ # Samples: _____

- _____ Brucella abortus (AGGLUT) _____ Porcine Parvovirus (IFA) _____ TGE (VN)
 _____ Leptospira (MAT) _____ Porcine Rotavirus (IFA) _____ TGE/PRCV diff (ELISA)
 _____ M. hyopneumoniae (ELISA) _____ Pseudorabies gB (ELISA) _____ Toxoplasma gondii (IFA)
 _____ PCV2 (IFA) _____ Pseudorabies (VN) _____ Vesicular stomatitis NJ & IN (VN)
 _____ PEDV (IFA) _____ Swine Influenza (ELISA)
 Other: _____

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

MOLECULAR DIAGNOSTICS

Save Isolate

	Individual	ID #s	Pooled*	ID #s (max. 5)
Leptospira (PCR)	<input type="checkbox"/>	_____		
B. hyodysenteriae/hampsonii (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
M. hyopneumoniae (PCR)	<input type="checkbox"/>	_____		
M. hyorhinis (PCR)	<input type="checkbox"/>	_____		
M. hyosynoviae (PCR)	<input type="checkbox"/>	_____		
Mycoplasma spp. (PCR)	<input type="checkbox"/>	_____		
PCV2 (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
PCV2/3 Duplex (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
PCV3 (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Porcine Rotavirus A,B,C (PCR)	<input type="checkbox"/>	_____		
Senecavirus (PCR)	<input type="checkbox"/>	_____		
SIV (PCR)	<input type="checkbox"/>	_____		
SEC Triplex Panel -	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
PDCoV (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
PEDV (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
TGE (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Swine Enteric Panel -	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
B. hyodysenteriae (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
B. hampsonii (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Lawsonia intracellularis (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Salmonella spp. (PCR)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Other:	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

*Visit www.addl.purdue.edu for Molecular Diagnostics pooling guidelines

TOXICOLOGY

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

- _____ Bone Screen _____ Iron
 _____ Fumonisin _____ Selenium/Vitamin E Screen
 _____ GC/MS Toxicant Screen _____ Sodium
 _____ Mycotoxin Screen (AFB, DON, ZEA)
 _____ Mycotoxin Screen + Fumonisin
 _____ Single Mycotoxin: _____
 _____ Other: _____