

# SWINE HERD HEALTH FORM

## Indiana Animal Disease Diagnostic Laboratories

### ADDL at Purdue University

406 S University St  
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

#### OPENED BY:

#### DELIVERED:

- UPS
- FedEx
- DHL
- USPS
- Exp Mail
- Drop-Off

#### ARRIVED:

- Chilled
- Frozen
- Room Temp
- Cold Pack
- Dry Ice
- None

#### CONDITION:

- Good
- Broken Jar
- Leaked

#### VETERINARIAN:

Name \_\_\_\_\_

Indiana License # \_\_\_\_\_

Clinic \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Results:  Fax  Email \_\_\_\_\_

#### Additional Results by:

Email \_\_\_\_\_ Fax \_\_\_\_\_

#### OWNER:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

#### ANIMAL:

Site/Farm/Unit \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Site/Farm/Unit Phone \_\_\_\_\_

Premise ID \_\_\_\_\_



#### SIGNATURE FOR REGULATORY SUBMISSION:

Veterinarian \_\_\_\_\_

ADDL BARCODE

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](http://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"/>	

# 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 "Samples" 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	Samples	Pooled*	Samples (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)

### MOLECULAR DIAGNOSTICS

Save Isolate

	Individual	Samples	Pooled*	Samples (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"/>	_____		
PCV2 (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](http://www.addl.purdue.edu) for Molecular Diagnostics pooling guidelines

### 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: \_\_\_\_\_

### 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: \_\_\_\_\_

### 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: \_\_\_\_\_

### PARASITOLOGY

List suspected parasite(s):

- \_\_\_\_\_ Fecal flotation, Qualitative       \_\_\_\_\_ Fecal exam, Direct  
 \_\_\_\_\_ Fecal flotation, Quantitative       \_\_\_\_\_ Fecal exam, Sedimentation  
 \_\_\_\_\_ Fecal flotation, Qualitative ZnSO<sub>4</sub>       \_\_\_\_\_ Parasite identification  
 \_\_\_\_\_ Fecal Cryptosporidium - Acid Fast Stain

### 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**