



SAMPLES TAKEN Date: ____/____/____ (yyyy/mm/dd) Time of day ____:____ Date sent ____/____/____ (yyyy/mm/dd)

SUBMITTED BY Veterinarian Owner Other BILL Veterinarian Other

Important. Please read. The submitter confirms that they are the owner or a duly authorized agent. Anonymized test results will be shared with the Ontario Government for purposes of animal and public health surveillance. Contact information will be disclosed only in accordance with applicable law/legal obligation, including reportable disease legislation. Samples cannot be returned to the submitter due to biosafety regulations. Specimens submitted and any information or intellectual property arising therefrom belong to University of Guelph unless otherwise arranged in writing prior to submission. Information collected may be shared in accordance with applicable legislation, including without limitation, the Freedom of Information and Protection of Privacy Act.

Clinic no.		Owner unique ID (max. 40 characters)	
Clinic			
Address	Postal code	Address	
City	Phone	Premises ID	Barn postal code
Veterinarian	Fax	Phone	Email
Email		Farm	Fax
		Barn/pen/floor/batch ID	

*DEMOGRAPHIC INFORMATION IMPORTANT***		History (treatments, vaccinations, management, including all current drug therapy)	
Species: PORCINE Breed _____ Age <input type="checkbox"/> d <input type="checkbox"/> w <input type="checkbox"/> m <input type="checkbox"/> y Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> barrow Herd size/sows _____ Nursery/weaner _____ Finisher _____ Boars _____ Other _____ No at risk _____ No sick _____ No dead _____ Weight _____ kg Duration of problem _____	Case type <input type="checkbox"/> Diagnostic <input type="checkbox"/> Monitoring <input type="checkbox"/> Research <input type="checkbox"/> Other <input type="checkbox"/> Rabies suspect? <input type="checkbox"/> Insurance claim? <input type="checkbox"/> Possible litigation? <input type="checkbox"/> Resubmission? Previous case # _____	<input type="checkbox"/> Pool Samples _____ : 1 <input type="checkbox"/> Request genotyping/sequencing Special Instructions _____	
		<input type="checkbox"/> STAT (additional charges apply)	

VIROLOGY <input type="checkbox"/> Influenza A, matrix - PCR <i>inflpcr</i> <input type="checkbox"/> Influenza A - PCR typing H1N1/H3N2 <i>infltyp</i> <input type="checkbox"/> Influenza A - H gene sequencing <i>inflseq</i> <input type="checkbox"/> Influenza A - ELISA <i>aifem</i> <input type="checkbox"/> Influenza A - HI H1N1 <i>h1n1hi</i> <input type="checkbox"/> Influenza A - HI H3N2 <i>h3n2hi</i> <input type="checkbox"/> PEDV/TGEV/PDCoV - PCR <i>pcovpcr</i> <input type="checkbox"/> PEDV sequencing <i>pedvse</i> <input type="checkbox"/> PRRSV - PCR <i>prtqn</i> <input type="checkbox"/> PRRSV Ab ELISA, oral fluids <i>prrx3of</i> <input type="checkbox"/> PRRSV Ab ELISA, serum <i>prrx3</i> <input type="checkbox"/> PRRSV, NorthAm strain - IgG/IgM indirect FA <i>prifgm</i> <input type="checkbox"/> PRRSV - ORF5 gene sequencing - PCR <i>prrse</i> <input type="checkbox"/> Porcine circovirus 1,2,3 - PCR <i>pcv123</i> <input type="checkbox"/> Porcine circovirus type 2-sequencing <i>pc2se</i> <input type="checkbox"/> Porcine circovirus type 3-sequencing <i>pc3seq</i> <input type="checkbox"/> Porcine HEV - PCR <i>hevrt</i> <input type="checkbox"/> Porcine parvovirus - PCR <i>ppvrt</i> <input type="checkbox"/> Porcine respir. corona (PRCV) PCR <i>prcvpcr</i> <input type="checkbox"/> Porcine sapovirus- PCR <i>psapopc</i> <input type="checkbox"/> Rotavirus group A, B, C - PCR <i>rotapcr</i> <input type="checkbox"/> Rotavirus, group A - Sequencing <i>rotaAse</i> <input type="checkbox"/> Rotavirus, group B - Sequencing <i>rotaBse</i> <input type="checkbox"/> Rotavirus, group C - Sequencing <i>rotaCse</i> <input type="checkbox"/> Seneca Valley virus - PCR <i>svvpcr</i>	<input type="checkbox"/> Swine cytomegalovirus - PCR <i>scmvrt</i> <input type="checkbox"/> TGEV/PRCV Ab ELISA <i>pcve2</i> BACTERIOLOGY Site: <input type="checkbox"/> Culture and susceptibility <i>cults</i> <input type="checkbox"/> Aerobic & anaerobic culture <i>ancultf</i> <input type="checkbox"/> Bacterial culture, fecal <i>cultsfe</i> <input type="checkbox"/> Bacterial ID - MALDI TOF <i>idbacm</i> <input type="checkbox"/> MIC, porcine, aerobes <i>micbp</i> <input type="checkbox"/> Culture, abortion case <i>bcabo</i> <input type="checkbox"/> Brachyspira pilosicoli - PCR <i>bppcr</i> <input type="checkbox"/> B. hyodysenteriae - PCR <i>bhpcr</i> <input type="checkbox"/> Brachyspira - PCR profile <i>brpcr</i> <input type="checkbox"/> C. difficile toxins - ELISA <i>clodf</i> <input type="checkbox"/> C. difficile - culture <i>cdiff</i> <input type="checkbox"/> C. perfringens - toxin typing (PCR) <i>cperft</i> <input type="checkbox"/> E.coli ETEC (enterotoxigenic)(PCR) <i>ecolf</i> <input type="checkbox"/> Enteric panel (culture & ETEC PCR) <i>pentpa1</i> <input type="checkbox"/> Lawsonia intracellularis (PCR) <i>lapcr</i> <input type="checkbox"/> Leptospira - MAT, serum <i>leptmatf</i> <input type="checkbox"/> Leptospira spp - PCR <i>leptpcr</i> <input type="checkbox"/> Leptospira - MAT, fetal fluid <i>leptff</i> <input type="checkbox"/> Pasteurella multocida, toxin - PCR <i>pmtpcr</i>	MYCOPLASMATOLOGY/ MOLECULAR <input type="checkbox"/> Chlamydia suis - PCR <i>csuipcr</i> <input type="checkbox"/> Glaesserella parasuis PCR <i>hprpt</i> <input type="checkbox"/> Haemoplasma - PCR <i>hapcr2</i> <input type="checkbox"/> M. hyo. Ab ELISA <i>mhyoeli</i> <input type="checkbox"/> M. hypopneumoniae - PCR <i>mhpocr</i> <input type="checkbox"/> M. hyorhinis - PCR <i>hrhpcr</i> <input type="checkbox"/> M. hyosynoviae - PCR <i>hsypcr</i> <input type="checkbox"/> Mycoplasma culture PARASITOLOGY <input type="checkbox"/> Fecal flotation <i>fflot</i> <input type="checkbox"/> Sucrose wet mount <i>sucwt</i> TOXICOLOGY <input type="checkbox"/> Mineral panel, salt screen (Ca Mg Na K P S) <i>salsc</i> <input type="checkbox"/> Selenium, serum <i>tsems</i> CLINICAL PATHOLOGY <input type="checkbox"/> CBC, food animal <i>cbcf</i> <input type="checkbox"/> Biochemistry profile, porcine <i>pprf</i> HISTOPATHOLOGY <input type="checkbox"/> Histopathology <i>hist</i> <input type="checkbox"/> IHC - PRRSV <i>prrv</i> <input type="checkbox"/> IHC - Influenza A <i>iaivf</i> <input type="checkbox"/> IHC - PCV-2 <i>cir2i</i> <input type="checkbox"/> IHC - resp. panel <i>ihcpr</i> <input type="checkbox"/> IHC - TGEV <i>tgeh</i>	EXTERNAL LABS (+ shipping & handling) <input type="checkbox"/> Atypical Pestivirus-PCR <i>xatpys</i> <input type="checkbox"/> APP serotyping <i>xapp</i> Serotypes: _____ <input type="checkbox"/> Astrovirus type 3 PCR <i>xastro</i> <input type="checkbox"/> Astrovirus type 4 PCR <i>xastro4</i> <input type="checkbox"/> PCV-2 -IFA <i>xpcvifa</i> <input type="checkbox"/> Porcine Parainfluenza virus type 1 PCR <i>xppiv</i> <input type="checkbox"/> Sapelovirus PCR <i>xsapelo</i> <input type="checkbox"/> Teschovirus PCR <i>xtescho</i> OTHER TESTS REQUESTED (See Fee schedule for complete listing) Please use back of form if more than 20 samples are submitted or (preferred) send an excel spreadsheet to specreom@uoguelph.ca (Animal ID in 1 column). Animal ID: ● _____ ● _____ ● _____ ● _____ ● _____ ● _____	# SPECIMENS <table border="1"> <thead> <tr> <th>Sent</th> <th>Received</th> </tr> </thead> <tbody> <tr> <td>_____ Blood serum _____</td> <td>_____</td> </tr> <tr> <td>_____ Serum _____</td> <td>_____</td> </tr> <tr> <td>_____ EDTA _____</td> <td>_____</td> </tr> <tr> <td>_____ Urine _____</td> <td>_____</td> </tr> <tr> <td>_____ Feces _____</td> <td>_____</td> </tr> <tr> <td>_____ Fresh tissue _____</td> <td>_____</td> </tr> <tr> <td>_____ Fixed tissue _____</td> <td>_____</td> </tr> <tr> <td>_____ Fluid _____</td> <td>_____</td> </tr> <tr> <td>_____ Scrapings _____</td> <td>_____</td> </tr> <tr> <td>_____ Slide _____</td> <td>_____</td> </tr> <tr> <td>_____ Swab _____</td> <td>_____</td> </tr> <tr> <td>_____ VTM Swab _____</td> <td>_____</td> </tr> <tr> <td>_____ Other _____</td> <td>_____</td> </tr> </tbody> </table> List: _____ _____ _____	Sent	Received	_____ Blood serum _____	_____	_____ Serum _____	_____	_____ EDTA _____	_____	_____ Urine _____	_____	_____ Feces _____	_____	_____ Fresh tissue _____	_____	_____ Fixed tissue _____	_____	_____ Fluid _____	_____	_____ Scrapings _____	_____	_____ Slide _____	_____	_____ Swab _____	_____	_____ VTM Swab _____	_____	_____ Other _____	_____
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AHL GUELPH: 519-824-4120 ext: 54530 Email: ahlinfo@uoguelph.ca AHL Website: http://ahl.uoguelph.ca	AHL KEMPTVILLE: 613-258-8320, Fax: 613-258-8324 Email: ahlkempt@uoguelph.ca	RECEIVED BY: _____ Initial _____ Courier <input type="checkbox"/> Drop-off <input type="checkbox"/>
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